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County Borough of West Bromwich



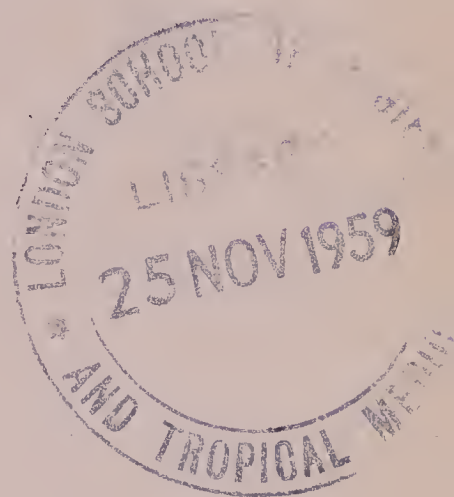
# ANNUAL REPORT

ON THE

Health of  
West Bromwich

FOR

1958





COUNTY BOROUGH OF WEST BROMWICH



# ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR ENDED

31 st December, 1958

HUGH BRYANT, M.B., Ch.B., D.P.H.,

MEDICAL OFFICER OF HEALTH



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# CONSTITUTION OF COMMITTEES.

(as at 31st December, 1958)

## HEALTH COMMITTEE

Chairman : Councillor Rev. G.L. Slater, M.A.

Deputy Chairman : Councillor J.W. Hubbard

HIS WORSHIP THE MAYOR (Councillor T. Rochelle, J.P.)

Alderman A. Green

Councillor G. Hawkins

Alderman F. Leeson

Councillor L. Peckover

Alderman J. Scott

Councillor F.G. Phillips

Councillor D.S. Badenoch

Councillor S.N. Priest

Councillor M.B. Broad

Councillor R.M. Rabone

Councillor M. Evitts

Councillor H. Roy

## CO-OPTED MEMBERS

D. Saklatvala, M.R.C.S., L.R.C.P.

F.R. Smith, M.B., Ch.B., M.R.C.S., L.R.C.P., J.P.

Mr. L.H. Timmins

J.O. Robins, F.H.A., F.I.A.C.

## MENTAL HEALTH SUB-COMMITTEE

Chairman : Councillor J.W. Hubbard

Deputy Chairman : Councillor Rev. G.L. Slater, M.A.

HIS WORSHIP THE MAYOR (Councillor T. Rochelle, J.P.)

Alderman A. Green

Councillor L. Peckover

Alderman F. Leeson

Councillor G. Hawkins

Alderman J. Scott

Dr. F.R. Smith

## HYGIENE AND CLEANSING COMMITTEE

Chairman : Councillor F.G. Phillips

Deputy Chairman : Alderman A. Green

HIS WORSHIP THE MAYOR (Councillor T. Rochelle, J.P.)

Alderman F. Leeson

Councillor L. Peckover

Councillor M. Evitts

Councillor J.T. Shingler

Councillor P. Heffernan

Councillor J. Wenlock

## WELFARE SERVICES COMMITTEE

Chairman : Councillor Mrs. D. Manifold

Deputy Chairman : Councillor Rev. G.L. Slater, M.A.

HIS WORSHIP THE MAYOR (Councillor T. Rochelle, J.P.)

Councillor M.B.

Alderman J. Scott

Councillor J. Evans

Councillor R.T. Spooner

Councillor P. Heffernan

Councillor J. Wenlock

## CO-OPTED MEMBERS

Mrs. A. Cross

Mrs. A. Leadbrook

Mrs. E.E. Phillips

PRINCIPAL STAFF OF THE HEALTH DEPARTMENT  
at 31st December, 1958

MEDICAL

MEDICAL OFFICER OF HEALTH AND

CHIEF WELFARE OFFICER ... H.O.M. BRYANT, M.B., Ch.B., D.P.H.

DEPUTY MEDICAL OFFICER OF

HEALTH... .. MARGARET A. SHIELDS, M.B., Ch.B.

ASSISTANT MEDICAL OFFICERS

OF HEALTH ... .. MARION HOMMERS, M.B., Ch.B. (to  
7.11.58.)

JOYCE D. WAYE, M.B., B.S., M.R.C.S.,  
L.R.C.P., D.Obst.R.C.O.G., D.C.H.

A.J. PAUL, M.B., B.S., D.P.H. (from  
1.10.58 to 5.12.58.)

PART-TIME ... R.LINDOP, M.B., Ch.B., D.C.H.

CHEST PHYSICIAN(PART-TIME)... C.W.D. COLE, M.R.C.S., L.R.C.P.

MEDICAL SUPERVISOR OF

MIDWIVES (PART-TIME) ... G.E.E. USHER SOMERS, M.R.C.S.,  
L.R.C.P., D.R.C.O.G.

PRINCIPAL SCHOOL DENTAL

OFFICER ... .. J.G. POTTER, L.D.S., R.F.P.S.

Dental Officers give one session a week to services for mothers  
and young children.

HYGIENE AND CLEANSING

CHIEF PUBLIC HEALTH

INSPECTOR & CLEANSING

SUPERINTENDENT ... .. S. CAYTON, F.R.S.H., M.A.P.H.I.,  
M.Inst.F., M.Inst.P.C.

DEPUTY CHIEF PUBLIC HEALTH

INSPECTOR ... .. G.H. SHAW, Cert.R.S.H., M.A.P.H.I.

On the 31st December there were 2 specialist public health inspec-  
tors engaged in housing inspection, 2 in food inspection and 2  
in air pollution. There was also 1 district inspector and 3  
pupils.

NURSING SERVICES

CHIEF NURSING OFFICER ... MISS E.A. ROBERTS, S.C.M., S.R.N.,  
H.V. Certificate

DEPUTY CHIEF NURSING

OFFICER ... .. MISS M.E. GREASLEY, S.C.M., S.R.N.,  
H.V. Certificate

On the 31st December there were 10 health visitors giving 7/11ths  
of their time to this service and the remainder to the School  
Health Service. There were, in addition, 2 full-time tuberculosis  
visitors and 3 student health visitors.

The Home Nursing Service consisted of an equivalent of 8½ full-  
time nursing staff.

There were 11 municipal midwives.

## ADMINISTRATIVE

CHIEF CLERK ... A. SHAW

There were 13 members of the clerical staff

## MENTAL HEALTH SERVICES

DULY AUTHORISED OFFICER ... T. KEELING (from 20.1.58)

There were, in addition, a mental health social worker engaged in the after-care of the mentally ill, and a mental health officer engaged in the care of the mental defectives in the community.

## HOME HELP SERVICE

HOME HELP ORGANISER... ... MRS. J.M. DAY

On the 31st December there was a total of 54 home helps being equivalent in terms of full-time service to 35 full-time home helps.

## WELFARE SERVICES

There were at the end of the year 3 welfare officers, 2 occupational therapists, and 1 storekeeper/clerk in this service.

## OUTSIDE ESTABLISHMENTS

OCCUPATION CENTRE ... ... "The Crest"  
Churchfields,  
West Bromwich.

SUPERVISOR: MISS D. BLAKE

### HOMES FOR THE ELDERLY

"Beech Holme"... ... WARDENS: MR. & MRS. C. PLANT  
53, Beeches Road,  
West Bromwich.

"The Hawthorns," ... ... WARDEN: MISS F. WYATT  
Green Lane,  
Great Barr.

"Lyndon House" MR. & MRS. S. FILDES  
Lyndon, (to 3.8.58)  
West Bromwich.

MR. & MRS. J. TAYLOR  
(from 29.9.58)

"Greenside House," ... ... SUPERINTENDENT & MATRON:  
Greenside Way,  
Yew Tree Estate. MR. & MRS. G. MEDLEY



## FOREWORD

*"It is when I am struggling to be brief that I become unintelligible."*

*(Horace)*

This is my second Annual Report as Medical Officer of Health to the County Borough of West Bromwich, and covers the year 1958. In general the year has not been one of great change but of consolidation of the services and planning of future developments.

### Local Health Services

The midwifery service has functioned under difficulties due to sickness of staff. To strengthen the administrative control the Committee has appointed a non-medical supervisor of midwives who will also act as supervisor of the home nursing service. Provision has also been made for an additional midwife in the arrangements for 1959 but whether this post can be filled is a matter for speculation. The general shortage of midwives continues and recruitment may be difficult. The steady expansion of facilities for relaxation continued and it is hoped that by the training of further staff it will be possible eventually to offer this opportunity to every expectant mother.

The ante-natal clinics continued to function but there is still a need for the closer integration of the maternity services. At the end of the year this matter was held up to await the publication of the report of the Committee on Maternity Services set up under the Chairmanship of Lord Cranbrook by the Minister of Health.

The priority dental service, like the school dental service, is more impressive in title than in effect owing to the national shortage of dentists.

The infant welfare centres continued to be full of mothers and infants but a close examination of those attending shows that such clinics were mainly used by a group of the population who, however, obviously found the service a great advantage to them. The clinics do not, therefore, replace in any way the visit of the health visitor to the household in which young infants are dwelling. The infant welfare centres are attended largely by children under the age of 18 months and very few toddlers come for examination. It is unfortunate to note the 13 per cent of children at their first medical examination at school were found to have defects and to realise that if more children of below school age attended the clinics and were seen regularly, this figure could be reduced by early treatment. The infant welfare centre is more than a social occasion for meeting of mothers and young children although that in itself is desirable. Its function is to maintain and improve the health of the infant, toddler and young child.

I am pleased to say that the number of visits paid by health visitors to infants in their own homes does not appear to have fallen so greatly during the year. This service is not obvious or glamorous but an effective visit by an able health visitor will accomplish a great deal in helping a mother to deal with the problems of her child.

LONDON SCHOOL OF HYGIENE  
LIBRARY  
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The home nursing service has carried out its duties during the year but although the individual nurse has endeavoured to do her best, an improvement could be made in the quality of the service. This largely depends on allowing more time for each visit, by recruiting more staff, increasing the use of the loan equipment available to assist in nursing in the home, and training the staff in the changes that take place in nursing.

The Committee's decision to proceed with the establishment of a nursing centre and the employment of non-medical supervisor of midwives and supervisor of home nurses, will be the first step in starting the process of building up resources and staff and so increasing the efficiency.

Vaccination against poliomyelitis has necessarily taken up a considerable amount of time and energy. Although the response in children has been reasonably good, that of the 15 - 25 year old age group was disappointing during the year. Taking the vaccination team into the factory has assisted but although this is feasible in the case of larger concerns it is difficult in small ones as it is prodigal in terms of staff and time. It is most unfortunate that in matters of infectious disease most of the public are not prepared to come for protection until there is the first sign of an epidemic or some public figure contracts the disease. Then they tend to overload the service.

Protection against diphtheria, smallpox and whooping cough was provided but the response was not completely satisfactory. It is unfortunate that with the antigens in present use the Medical Research Council recommend separate courses of injection. This means a formidable programme of injections for the young infant. The development of combined antigens which do not carry any added risk of provoking poliomyelitis, would be an immense advantage, and there is a need for a proper appraisal nationally of the immunisation programme.

The ambulance service gave rise to some concern when it was seen that the number of occasions on which it was necessary to ask for assistance from members of the transport staff for emergencies had increased. The presence of these staff, qualified in first aid, is a reserve of immense value but the degree of dependence on this form of cover seemed to be rather greater than was desirable. Accordingly, the Committee decided to introduce radio control in 1959, to introduce more flexibility and assist in better deployment of the service.

The proposed introduction of radio control in 1959 has meant that once again the planning arrangements for a major catastrophe need altering and this procedure, therefore, is still being over-hauled.

My thanks are due to the General Manager of the transport undertaking in West Bromwich for the very great interest he takes in the ambulance service and its problems.

The home help service has again increased its activities. This is an undramatic service staffed by extremely loyal and hard working women and one which receives very little publicity and has little inherent glamour. It is, however, of the utmost importance to the elderly and the chronic sick. Without it many would be living in very much less fortunate conditions.



The mental health service has expanded slightly. It was hoped to obtain the services of a qualified psychiatric social worker but there is a great shortage of these persons nationally. The development of an after-care club, run by a committee of former patients, has resulted in a considerable addition to the services available for the social rehabilitation of persons from mental hospitals. This club is now 35 strong and is progressing favourably. Work has commenced on the small extension to the occupation centre to cater for adults. It is hoped that up to 24 adults will attend and experience gained with this group will be of immense value in considering and planning future services, which from the heavy responsibilities that will be laid on local authorities as a result of the implementation of the Report of the Royal Commission on Mental Illness and Mental Deficiency, will represent a considerable extension of local authority duties.

### **Infectious Diseases**

There is little of note to report except that no cases of poliomyelitis were notified and confirmed during the year. Whether the labour of notification of some notifiable diseases is worth while is much to be doubted.

The present position on infectious disease is that never has there been so favourable a situation. One case of poliomyelitis now causes alarm - whereas a few years ago deaths from diphtheria and scarlet fever were commonplace.

It is commonly assumed that this state of affairs will always continue, but there is no evidence to support this optimism. Influenza caused a severe epidemic in 1957 - fortunately mild in character, but showing the potential danger of epidemic spread in urban communities. A change in character of a pathogenic organism may in the future cause an epidemic of importance and hazard.

### **Welfare Services**

Probably in few fields of local government endeavour has there been such an opportunity for development as in the welfare services. These are comparatively new and there is room for experiment as few definite patterns have emerged. Plans were made for a substantial expansion in social workers over the next few years and several projects were discussed in the planning stage. Greater attention was paid to the care of residents in the Homes and a successful holiday arranged at Blackpool.

The end of the year saw the commencement again of a waiting list for Part III accommodation. This is an indication of the better ascertainment of need and it is obvious that in due course it will be necessary to provide further homes for the elderly.

The care of old people in homes, however, is a small part of the welfare services, although an expensive one, and a great deal more attention needs to be paid to the provision of assistance of those living in their own homes in the community. Unfortunately the local authority is not empowered to provide many services itself for the elderly, apart from accommodation.



## Other Services

The demands for special consideration for rehousing on medical grounds have caused a considerable amount of time and effort to be spent in attempting to sort these out and to bring forward for the consideration of the Housing Committee those in which the need is greatest. This is not a pleasant task but as special consideration on medical grounds is a method of obtaining a house in advance of the normal time, it is of great importance that each case be properly investigated and assessed.

The medical examination of members of the Corporation staff is another matter which takes up a considerable amount of time and it would be interesting to see a proper appraisal of the value of this procedure.

## Review of the First Ten Years

A short review of the first ten years of the local health services is included in this report.

## Environmental Services

Slum clearance is proceeding at a reasonably fast pace and the problems of air pollution are being tackled both individually and by the establishment of further smoke control areas. To clear the atmosphere will require an alteration in the social habits of nearly two centuries and an application of scientific knowledge to the problem of heating and power in the home as well as the factory. The next half century may see a revolution if atomic power comes to provide us with an adequate substitute for coal. Smoke control is still largely acceptable as long as it involves other people.

Very little, however, is being achieved in food hygiene. The demands of meat inspection continue to absorb much of the time available for dealing with this subject. The frequent visit of the public health inspector to food establishments cannot be replaced by any other method and unfortunately at present, more requires to be done.

There is little further to report on the problem of radiation dangers. There appear to be those who view this matter as most serious, and others who consider the danger greatly over-rated. The matter requires considerably technical knowledge but on balance it would seem that a hazard exists, probably small at present but requiring a close watch. It seems unlikely that local authorities will have many duties in this field.

It is fashionable to think of the common problems of sanitation as now largely solved, but this is only made possible by maintaining a constant watch and control - largely a duty of the public health inspector.

## Conclusion

In conclusion it would appear that next year will be concerned largely with the improvement and strengthening of the nursing services of the Borough and in bringing these closer to the other parts of the National Health Service, in particular the



general practitioner. A steady increase in welfare services can be expected - both in those services provided under the National Assistance Act for the physically handicapped and the elderly and those connected with the welfare of the mentally handicapped and the mentally ill.

The Mental Health Bill, at the time of writing, is in the process of discussion in Parliament and it is fairly clear that this will result in considerable effort on the part of local authorities.

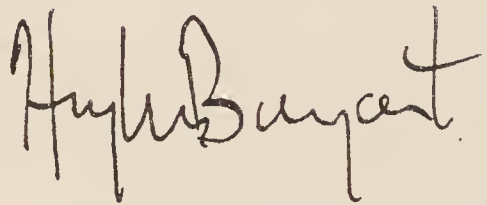
It is interesting to reflect on the changes brought by time. 1913 to 1958 was a period for defective persons and mentally ill persons in hospital. Prior to 1913 they were in the community but forgotten and now they are to come back into the community. Whether or not this is a step forward will not depend on what legislation follows the Report of the Royal Commission, but on the acceptance by the community of these persons and the development of supporting services by local authorities.

A disturbing feature in the field of welfare generally, is the development of so many specialised social workers, working apparently separately and calling themselves specialists on very slender knowledge and on inadequate grounds illogically chosen. The myopic view of life so engendered and the tendency for all new sections to believe in their own expertise and to consider others have little to contribute makes great difficulty in securing reasonable unanimity of action on many social problems. The greatest difficulty is in persuading persons with different backgrounds to work together. This ability to work with others not of the same training is a sign of maturity and is often lacking in so-called "specialists". There is no room for vested interests in social work for results depend on bringing all the requisite knowledge and help from whatever source, to the person in need. It is much easier to form liaison and co-ordinating committees to overcome these problems than to arrange for frequent personal contact on the job by field workers, yet it is the latter which is the most important. As all groups are convinced of their value and supreme importance, there is an urgent need for a critical assessment of their functions, firstly to protect individual members of the public and their privacy, and secondly, to avoid unnecessary expense in manpower and money. Before a further expansion of social workers takes place it is urgently necessary to assess the results of their labours. Perhaps the Young-husband Committee can help to unravel the tangle and weave the separate strands into a strong fabric supporting those in need in the community.

Fortunately, West Bromwich, by its size and unity does assist the mixing of social workers and provides opportunities for meeting on the common ground of the individual client. This problem of co-ordination will become increasingly complex with time and may vitiate excellent work done by individuals.

I should like to draw particular attention to the fact that the infant mortality rate is the lowest recorded. The number of deaths of infants is now so small that wide variations can occur in this figure due to chance. The present low level nevertheless represents a substantial improvement.

Finally, I would like to express my thanks to many people - to the Health and Welfare Services Committees for their patience and the confidence they place in the staff; to the general practitioners in the town and their colleagues in the hospital service for the increasing understanding that is developing between their services and those of the Health Department; to the other Chief Officers of the Corporation, who, as always, can be relied upon to be courteous and understanding, and to the staff on whose efforts in the last analysis the real effectiveness of the work depends.

A handwritten signature in cursive script, reading "Hyatt Bengert". The signature is written in dark ink on a light-colored background.

Medical Officer of Health  
and Chief Welfare Officer

30th June, 1959



# **SURVEY OF FIRST TEN YEARS OF LOCAL HEALTH SERVICES UNDER THE NATIONAL HEALTH SERVICE ACT, 1946.**

## **Introduction**

The National Health Service was ten years old on the 5th July, 1958 and it is interesting to consider these ten years and to try and make an appraisal of the changes in the services provided by the County Borough of West Bromwich under this Act since the day they were introduced.

## **The Background**

The population of West Bromwich has increased from 86,770 in 1949 to 93,380 in 1958. During these ten years 6797 new houses have been built and 1,120 old ones been demolished under slum clearance. There is still a substantial waiting list for houses in the Borough. The problems of population have been increased by the influx into the Borough of numbers of persons from the Commonwealth.

The infant mortality rate has fallen from 49 per 1,000 live births in 1949 to 13.8 in 1958, and the neonatal death rate (death in the first month of life) from 18.0 per 1,000 live births to 10.8. It will be seen, therefore, that for various reasons substantial progress has been made in the saving of infant life.

Pulmonary tuberculosis has ceased to be a major cause of concern, there being only 62 cases in 1958 compared with 190 in 1949.

Previous to 1948 there had never been a year recorded without a case of diphtheria. No case has been reported in the Borough over the last three years.

The old problems of public health (infant deaths, diphtheria and tuberculosis) have diminished considerably and the services provided will in future work in a somewhat different setting.

## **Care of Mothers and Young Children**

In 1949 there were six infant welfare centre antenatal clinic sessions per week with a total attendance of 3,479. In 1958 there were eight sessions per week with an attendance of 4,601 for antenatal care. During the whole of the period the medical staff of such clinics has been provided from the hospital service. There has been substantially no change in the function of the antenatal clinic with one exception, the introduction of relaxation exercises.

The time has come for a re-appraisal of the work of the antenatal clinic and its value, and with the facilities now available for antenatal care through the family doctor, it is probably appropriate that consideration should be given to making the antenatal clinic less of a medical clinic and one more concerned with relaxation and the teaching of baby care to mothers awaiting the birth of their children and therefore more likely to be interested in such matters.



## **Infant Welfare Clinics**

In 1949 there were 480 infant welfare clinic sessions held with attendances of 29,921, whereas in 1958 the figures were 698 and 29,223 respectively. During the ten years all these clinics have been staffed by medical officers of the authority, and over this period two new clinic premises have been opened. The opinion was expressed in 1948 that with comprehensive care from family doctors the infant welfare clinic might decline in importance. This has not proved to have occurred. Mothers apparently appreciate the clinic services, perhaps because the clinic has moved away from its function of dealing with children who have definite illness and become an advisory service for mothers and young children on the process of development and the management of infants. It now seems fairly well established that in case of illness a mother will consult her family doctor about her child but on matters of management it would seem that many still prefer to attend the clinic. The fact that welfare foods and baby foods are available there for purchase and the provision of facilities for vaccination and immunisation, has no doubt increased the popularity of this service. To sum up it seems that there still is a need for facilities for advice on management and care of the normal baby, and that in the general absence of special arrangements for this in doctors' surgeries, the infant welfare centre is still desirable and that some mothers, at least, prefer the atmosphere of the clinic with its emphasis on babies and with the opportunity for discussion with other mothers, to the doctor's surgery as a source of advice. It is noticeable, that mothers attending clinics on the whole come from the neighbourhood of the clinic building and there is some evidence to support the fact that a mother will not come to a clinic if this involves a journey of more than a short distance. It would seem, therefore, that our existing clinics do not provide full coverage for the whole of the population.

## **Care of Premature Infants**

The excellent arrangements at Hallam Hospital for the care of premature infants and the readiness with which the staff have assisted with equipment for the conveyance of such infants to the unit, have made the provision of other arrangements unnecessary throughout the ten years.

## **Priority Dental Service**

In 1948 it was thought that provision of eight sessions per week would be desirable to provide dental care for expectant and nursing mothers and young children. In 1949 the number treated was 306 whereas in 1958 it was 481 and a total of 137 sessions was provided. This service, therefore, has never, in fact, functioned to the scale which was considered desirable, and at present, due to the shortage of dental staff, it is farcical to pretend that it is making any great contribution to dental health.

## **Day Nurseries**

The Council operated a day nursery for 60 places until January, 1954, when this was closed. During the period no child minders have registered under the Nurseries and Child Minders Regulation Act, and none are known to the department.



## Midwifery

In 1949 there were 1,689 live births, 925 born at home and 764 in hospital. In 1958 the figures were 746 and 1,012 respectively. In terms of staff there were 9 municipal midwives in 1949 and 11 in 1958. The ten years has seen the virtual disappearance of the private midwife. In 1949 these women dealt with 207 confinements whereas in 1958 they only dealt with 2.

During the period under review there has been a greater introduction of analgesia into childbirth in this area, the figures for 1949 showing that 213 cases had an analgesic compared with 689 in 1958.

The midwifery service can in many ways be regarded as one of the less satisfactory parts of the National Health Service for there are far too many persons concerned with the care of expectant mothers and there is no definite relationship between all these except in terms of general co-operation. Attempts by means of transferable records have been made in conjunction with the Local Medical Committee, but have not been too successful. Moreover, particularly during the last two years, the problem of staffing the midwifery service, both in hospital and in domiciliary practice, has added to the difficulties. There is need for a re-appraisal of the working of the midwifery service and it is hoped that following the report of the Cranbrook Committee this will take place. Informal discussion has already commenced between the Secretary of the Local Medical Committee, the Consultant Obstetrician, and the Medical Officer of Health, on the possibility of making local improvements.

## Health Visiting

The service in 1949 consisted of the equivalent of 9 whole-time health visitors. In 1958 the establishment was 16 and at the 31st December, 12 were employed. All health visitors are part-time school nurses but, in addition, there are other school nurses who are whole-time in that employment.

The field of health visiting has nationally increased from the care of young infants to embrace general social work with a medical context. The health visitor now occupies a position in association with other welfare officers, yet retaining a distinct nursing content to her employment.

In the present shifting context of social work, it will be interesting to see what turns out to be the final field of employment of these nurses, but the fundamental work of assisting young infants is still of the greatest importance, in spite of the fall in infant mortality.

## Home Nursing

In 1949 this was in the hands of a voluntary association. In 1951 the Council took over direct control of the service. The staff has increased from 1 superintendent and 4 trained nurses and 1 assistant nurse (part-time) in 1949 to the present figure of 10 state registered nurses (2 male) and 1 state enrolled assistant nurse, providing an equivalent in full-time service of 8½ nurses. The original service was residential but the entire service is now non-residential.

Unfortunately, during the change the accommodation formerly used was no longer found necessary with the result that the nursing staff now do not have adequate accommodation to prepare their equipment. Plans are in hand for this to be rectified.

The type of work has altered considerably. The emphasis is now on dealing with the chronic sick and the elderly and it seems likely that this trend will continue. The service itself faces problems, in particular the need to improve the quality of the work by allowing more time to the nurse on her visit, by providing some training facilities, and by the use of more equipment. It is hoped to make a start on this shortly by having a supervisory nurse part-time, to pay particular regard to this service.

### Vaccination and Immunisation

The ten years under review has seen the introduction of vaccination against poliomyelitis and whooping cough. The National Health Service Act repealed the Vaccination Acts and there was a fall in the number of infants vaccinated against smallpox. Some improvement has occurred since, as is shown by the following figures:-

<i>Year</i>	<i>No. of children vaccinated under 1 year</i>				
1949	...	...	...	...	151
1950	...	...	...	...	190
1951	...	...	...	...	325
1952	...	...	...	...	251
1953	...	...	...	...	264
1954	...	...	...	...	234
1955	...	...	...	...	368
1956	...	...	...	...	499
1957	...	...	...	...	457
1958	...	...	...	...	499

The present infant vaccination rate is still low and although smallpox is no longer an endemic disease of this country, the speed of travel means that no longer can we rely entirely on the control of immigrants from abroad in preventing this disease.

In 1948 the view was expressed that "in the main, reliance could be placed on immunisation by general practitioners and that generally speaking it should not be necessary to employ the authority's own medical officers on actual immunisation work". This view has been proved to be wrong as is shown by the 1958 figures for vaccination and immunisation against various diseases.

	<i>No. of injections by general practitioners</i>	<i>No. of injections by Health Department Doctors.</i>
Poliomyelitis	... 2,881	16,374
Diphtheria	... 77	732
Smallpox	... 138	497
Whooping Cough	... 41	701

At the latter end of 1958 a substantial change in vaccination and immunisation policy was introduced by placing the responsibility for the vaccination of young adults against poliomyelitis on the shoulders of the local health authority as well as the general practitioners. At the same time the view was



was expressed that the general practitioner could do most of this work. This again has not proved to have taken place in West Bromwich. It would seem, therefore, that if we are to expect substantial numbers of the population to be protected against any particular disease, we must be prepared to carry out vaccination and immunisation programmes directly by the local health authority.

### **Ambulance Service**

The ambulance service throughout this period has been administered by the Transport Department for the Health Committee. There has been a steady rise in use as is shown by the following figures: -

<i>Year</i>		<i>No. of Patients</i>	<i>Mileage</i>
1949	...	7, 112	50, 893
1950	...	7, 255	54, 925
1951	...	8, 918	65, 405
1952	...	14, 354	71, 088
1953	...	18, 275	80, 339
1954	...	19, 800	83, 984
1955	...	22, 470	88, 392
1956	...	21, 305	84, 215
1957	...	21, 680	87, 608
1958	...	23, 383	85, 914

The outstanding increase has been in the number of patients carried for out-patient treatment at hospitals. No longer is the conception of an ambulance as carrying a desperately ill patient to hospital true. It is probably that the introduction of the ambulance service has facilitated the treatment of patients at hospital who continue to live at home and therefore, indirectly, may have prevented some demand for in-patient treatment.

The development of the ambulance service from its commencement as a service under the Watch Committee together with small services from other Committees, to a full-time social service on the lines of the Fire Brigade, within ten years, is an interesting study.

### **Prevention of Illness : Care and After-care**

#### **TUBERCULOSIS**

After-care was provided throughout the period by a voluntary association, but the Council appointed nurses as tuberculosis visitors from 1.4.1951.

Although tuberculosis has declined in importance as a cause of death, the complexity of social services has meant that dealings with the problems of an individual patient have increased. The number of cases of tuberculosis now coming forward is comparatively small and this has enabled some concentration of effort in the latter half of the ten years upon the prevention by early diagnosis. In this field the use of mass miniature radiography units, particularly working in conjunction with the local Chest Physician and Medical Officer of Health, in investigating factories or schools from which there has been a trickle of cases over a period of years, has been of the utmost value.



## **Loan of Equipment**

The loan of equipment has become a major function of the Health Department. At the beginning of the period this was confined to the use of bedpans and similar utensils but now embraces wheelchairs and lifting apparatus. As the work of the district nurse with elderly patients increases, the need for additional equipment to permit adequate nursing at home will also continue. The two services go together and both must have an indirect effect in relieving the pressure on expensive accommodation in hospital.

## **Convalescence**

Convalescence was not arranged until 1949. In the last six months of 1949, 19 persons took advantage of the scheme, whereas in 1958 there were 79.

## **Mental Illness**

Since 1948 the Council have appointed a social worker to help with the care of those likely to be admitted to or recently discharged from mental hospitals and also have terminated the arrangement to share a full-time duly authorised officer with the County Borough of Smethwick.

An Occupation Centre for 28 defectives was started in January, 1954, and arrangements are now in hand to extending this work to adults. There are now 39 children attending.

The pattern of dealing with both mental illness and mental handicap has altered, the emphasis now being on care in the community - taking advantage of the many statutory services available for such assistance and endeavouring to provide within the limits of the handicap of the person for such normal social, recreational and employment facilities as can be arranged.

The commencement of a social club for the mentally ill has shown the enormous advantage which can be given through quite simple measures not requiring a great deal of technical knowledge.

The present trend is likely to be accentuated by the legislation following the Royal Commission on Mental Illness, and it looks as if the work of the National Health Service in the field of the physically ill could now be extended to cover the often neglected mentally ill and that we shall see the end of the lunacy and mental deficiency legislation which was conceived in an entirely different social context at the end of the last century and the beginning of the present one.

## **Home Help**

The home help scheme is a product of the local health services provided under the National Health Service Act. In 1948 there was one whole-time home help together with a number of part-time assistants but the full-time home help spent part of her time as a domestic in the Day Nursery. In 1949, the first full year, there were 11 home helps employed attending 72 cases - 34 confinement cases, 18 temporary illness and 20 chronic. The situation must be contrasted with the position at the end of 1958 when there was an equivalent of 35 full-time home helps who attended 421 cases, of which 40 were confinements, 48 temporary illness, 10 tuberculous and 323 chronic. Over the ten years, therefore, the home help service has altered from being a service providing

domestic help in periods of temporary incapacity of a housewife, such as confinement or temporary illness, to one which is the mainstay of many old people, and is keeping the elderly and infirm in reasonable comfort. Originally it would appear that there was some prejudice on the part of women to act as home helps, whereas nowadays those so employed regard themselves as members of the Corporation staff who are giving a service to elderly persons and not as some form of domestic drudge. This service has probably by virtue of its deployment amongst the elderly and infirm saved the necessity for the admission of many persons to hospital or other accommodation and also has mitigated the lot of many who otherwise would spend the tail end of their lives in dirt, discomfort and misery.

In addition, a night attendant service has come into being on a small scale, designed to provide attendance at night for cases of illness in emergency when other arrangements cannot be made. Happily, this has never been in great demand but it has relieved many acute problems for individual patients and for their relatives.

The home help service also gave rise to a small service for the laundering of articles from homes, the laundry work being undertaken at hospital.

## Conclusion

In looking back briefly over the National Health Service insofar as local authority services are concerned, it would appear that there has been one constant trend, that is, an emphasis on the desirability of every individual spending as much of his life as possible in the community. The handicapped young infant and the elderly person, both can by the use of the local health services provided be very often kept as normal persons in the community without recourse to care in any form of institution. This trend may be one of the more important in the field of social work during the present century.

Certain difficulties remain. The first is the position of services which to a certain extent have succeeded in dealing with the immediate problems facing them and their satisfactory deployment on other duties where there is a social need. This problem affects at the moment, the health visitor particularly, who although she will always be needed in giving advice on the care of young infants, no longer is faced with the gross effects of bad child care and needs to be deployed more in the field of health education and the development of sound mental health, both subjects which are rather vague and difficult to grasp.

The other great problem affecting local health authority services is that with the increasing complexity of the social services the position of those services provided under the National Health Service Act in relation to hospital and general practitioner services on the one hand and to the general social services of the country on the other, presents problems of co-ordination which are difficult to solve. The immediate necessity is for a closer working together of the elements of the National Health Service in the context of the general social services of the area and this is achieved principally at the level of those engaged in the day today work rather than by administrative co-ordinating bodies.



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PART 1.  
STATISTICAL INFORMATION

Summary of Statistics

Population

Births

Deaths

Infant Mortality

Morbidity

## SUMMARY OF STATISTICS, 1958.

### COUNTY BOROUGH OF WEST BROMWICH

The County Borough of West Bromwich is situated in South Staffordshire and is a manufacturing town principally engaged in foundry work and allied industries.

Elevation above sea level	...	...	...	347 ft. to 569 ft.
Geological formation	...	...	...	Sandy sub-soil and prevalence of hard sandstone rock.
Rainfall (inches)	...	...	...	31.86
Area in acres (land and inland water)	...	...	...	7,172
New houses certified including flats, 1958	...	...	...	441
Estimated number of houses in the Borough at the 31st December, 1958	...	...	...	28,073
Rateable value at the 1st April, 1958	...	...	...	£ 962,156
Rate at 1d in the £ estimated to produce	...	...	...	£ 4,008

### VITAL STATISTICS

Population (Census 1951)	...	...	...	...	87,901
Population (Estimated civilian population mid-1958)	...	...	...	...	93,380
Live births	...	...	...	...	1,662
Live birth rate (per 1,000 population)	...	...	...	...	17.8
Live birth rate (per 1,000 population) corrected	...	...	...	...	16.5
Stillbirths	...	...	...	...	34
Stillbirth rate (per 1,000 live and stillbirths)	...	...	...	...	20.0
Total live and stillbirths	...	...	...	...	1,696
Infant deaths	...	...	...	...	23
Infant mortality rate (per 1,000 live births)	...	...	...	...	13.8
Infant mortality rate (per 1,000 legitimate births)	...	...	...	...	14.4
Infant mortality rate (per 1,000 illegitimate births)	...	...	...	...	nil
Neonatal mortality rate (first four weeks) per 1,000 related live births	...	...	...	...	10.8
Illegitimate live births per cent of total live births.	...	...	...	...	3.6
Maternal deaths (including abortions)	...	...	...	...	2
Maternal mortality rate (including abortions) per 1,000 live and stillbirths	...	...	...	...	1.2
Perinatal mortality rate	...	...	...	...	29.5
Deaths	...	...	...	...	873
Death rate (per 1,000 population)	...	...	...	...	9.3
Death rate (corrected)	...	...	...	...	12.5
Pulmonary tuberculosis death rate (per 1,000 population)	...	...	...	...	0.2
Cancer death rate (per 1,000 population)	...	...	...	...	1.6

### ENGLAND AND WALES

Birth rate	...	...	...	...	16.4
Stillbirth rate (per 1,000 total births)	...	...	...	...	21.6
Infant mortality rate	...	...	...	...	22.5

### NAME AND ADDRESS OF MEDICAL OFFICER OF HEALTH

Hugh Bryant, M.B., Ch.B., D.P.H.  
Health Department,  
2, Lodge Road,  
West Bromwich.

Telephone Number: West Bromwich 0721. (Home: Streetly 1145)



## VITAL STATISTICS.

### Population

The following figures show the rise in population in the Borough over the last ten years:-

1949	...	...	...	86,770
1950	...	...	...	87,910
1951	...	...	...	87,210
1952	...	...	...	87,640
1953	...	...	...	87,960
1954	...	...	...	88,650
1955	...	...	...	89,640
1956	...	...	...	90,720
1957	...	...	...	93,050
1958	...	...	...	93,380

The adult male population in this country can be classified for statistical purposes into five main groups by occupation. The numbers of each group in every thousand of the population in West Bromwich, compared with the average for England and Wales as a whole, are as follows:-

#### *Census 1951*

	West Bromwich	England & Wales
Professional occupations	14	33
Intermediate occupations	92	150
Skilled occupations	591	527
Partly skilled occupations	148	162
Unskilled occupations	155	128

### Births

There were 1,662 live births during the year to residents of West Bromwich.

Of the births to West Bromwich residents, 59% took place in hospital and 41% at home.

There were 60 illegitimate births, giving an illegitimate birth rate per 1,000 live births of 36.

### Stillbirths

The total number of stillbirths to West Bromwich residents was 34 giving a stillbirth rate of 20.0 per 1,000 total births.

Deaths

There were 873 deaths of West Bromwich residents (457 males and 416 females) during the year. This gives a crude death rate per 1,000 population of 9.3. If this is corrected by use of the comparability factor supplied by the Registrar General to take account of the age structure of the population in relation to that nationally, the figure is 12.6.

The following table shows the principal causes of death. It will be noticed that 60.4% of the total deaths occurred in persons aged 65 years and over.

Summary of the Principal Causes of Death, 1948-1958

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Cancer	127	151	154	165	128	149	132	167	160	149	151
Heart diseases	184	198	256	275	199	211	221	251	229	249	246
Pneumonia	41	49	46	43	33	32	24	33	35	41	41
Bronchitis and other respiratory diseases	81	113	69	96	82	107	84	115	90	117	97
Vascular lesions	73	112	113	103	113	121	97	124	137	128	111
Tuberculosis:											
Pulmonary	63	66	50	39	27	27	32	30	15	13	19
Non-pulmonary	10	10	3	6	4	6	3	2	2	3	-

Deaths from Cancer

The following table gives details of the localisation of the disease, the number of deaths and the rate per cent of total deaths for certain specified sites of cancer:-

Site	Number of deaths during 1958	Rate per cent of total deaths
Stomach	30	19.9
Lung and bronchus	29	19.2
Breast	18	8.6
Uterus	8	5.3
Others	71	47.0
	<u>151</u>	<u>100.0</u>

Deaths from Diseases of the Respiratory System excluding Cancer of the Lung

The following table gives the number of deaths from diseases of the respiratory system in men and women during the year. The number of cases of death of West Bromwich residents from pulmonary tuberculosis was 19 giving a pulmonary tuberculosis death rate of 2.2.

Age Group	Tuberculosis Respiratory		Influenza		Pneumonia		Bronchitis		Other diseases of respiratory system		Totals	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 year	-	-	-	-	-	3	-	-	-	-	-	3
1 - 4 years	-	-	-	-	-	-	-	-	-	-	-	-
5 - 14 "	-	-	-	-	1	-	-	-	-	1	1	1
15 - 24 "	-	-	-	-	-	-	-	-	-	-	-	-
25 - 44 "	3	1	-	-	6	6	1	-	1	2	11	9
45 - 64 "	7	1	2	-	3	2	21	5	2	-	35	8
65 - 74 "	4	1	1	-	6	6	15	8	2	-	28	15
75 years and over	1	1	1	1	8	-	8	16	5	10	23	28
Totals	15	4	4	1	24	17	45	29	10	13	98	64

### Certain causes of death

It is obvious that cancer of the lung, cancer of the breast, cancer of the stomach, coronary thrombosis and bronchitis, between them are responsible for many of the deaths. The figures for England and Wales and for West Bromwich, given as rates per thousand population, are as follows:-

<u>Types of disease</u>	<u>England &amp; Wales</u>	<u>West Bromwich</u>
Cancer of the lung	0.44	0.31
Cancer of the breast	0.20	0.14
Cancer of the stomach	0.31	0.32
Coronary thrombosis	1.86	1.21
Bronchitis	0.65	0.79

In comparing these attention should be drawn to the errors possibly caused by the differing size of England and Wales and the County Borough of West Bromwich. The operation of chance in so small a group as that of West Bromwich can make quite a wide difference in figures.



West Bromwich appears to have fewer cases of coronary thrombosis, possibly due to the social structure of the town which contains a smaller number of the managerial and professional occupations (a group who more frequently have the disease). It is difficult to give any other reasons for this as the causes were in operation 20 years ago and may or may not be operating at the moment. The change in the dietary of the population at large, and in particular amongst working people, may well alter these differences, as dietary influences may have an effect on the incidence of this disease.

The figures for bronchitis for West Bromwich show that a greater number of persons are certified as dying from this cause in the area. This may well be associated with the amount of smoke in the atmosphere (smoke including both the visible and invisible products of combustion fuel). Bronchitis presents a grave problem in this area.

The figures for lung cancer seem to follow the national tendency which shows that this disease is increasing, particularly in men. Cancer of the stomach and cancer of the breast would appear to be about the same level.

It must be emphasised that there are difficulties in trying to form conclusions from crude statistics on deaths, especially when comparisons are made between samples of such differing size.

## Infant Mortality

A total of 23 infants whose parents were normally resident in the Borough died during the year. This gives an infant mortality rate per 1,000 live births of 13.8. The equivalent rate for England and Wales was 22.5. No illegitimate baby died.

There is a substantial improvement but on the small number of infant deaths now occurring considerable variation by chance can be expected in the infant mortality rate for West Bromwich from year to year.

The following table shows the infant deaths in age groups over the period of the last ten years:-

<i>Year</i>	<i>Under 1 month</i>	<i>1 - 3 months</i>	<i>3 - 6 months</i>	<i>6 - 9 months</i>	<i>9 - 12 months</i>	<i>Total</i>	<i>Infant death rate</i>
1949	31	19	24	6	3	83	49
1950	22	9	6	7	3	47	30
1951	23	7	9	3	3	45	30
1952	31	9	7	5	2	54	36
1953	22	9	7	6	1	45	30
1954	43	3	6	2	2	56	37
1955	23	4	8	-	3	38	26
1956	23	8	3	-	1	35	23
1957	27	3	5	3	3	41	24
1958	18	3	2	-	-	23	14

The following table shows the infant deaths under certain selected causes during the year:-

	<i>Under 1 month</i>	<i>1 - 3 months</i>	<i>3 - 6 months</i>	<i>6 - 9 months</i>	<i>9 - 12 months</i>	<i>Total under 1 year</i>
Prematurity	3	-	-	-	-	3
Congenital malformations	8	-	-	-	-	8
Pneumonia	-	1	2	-	-	3
Asphyxia	-	1	-	-	-	1
Other defined diseases	7	1	-	-	-	8
Totals	18	3	2	-	-	23

### Deaths under four weeks of age

There were 18 deaths of infants under 4 weeks, giving a neo-natal mortality rate of 10.8 per 1,000 live births. The following table shows the age at which death occurred during the period of the first month.

<i>1st day</i>	<i>2nd day</i>	<i>3rd day</i>	<i>4th day</i>	<i>5th day</i>	<i>6th day</i>	<i>7th day</i>	<i>1 - 2 weeks</i>	<i>2 - 3 weeks</i>	<i>3 - 4 weeks</i>	<i>Deaths under 1 month</i>
8	4	1	1	-	1	1	1	-	1	18

### Perinatal Mortality

The statistical device of a perinatal mortality rate is aimed at taking into account deaths occurring just before and just after the process of birth in an endeavour to give a total idea of the loss of infant life about the time of birth. Expressed statistically, it is as follows:-

$$\frac{\text{Deaths in the first week of life + stillbirths}}{\text{Total births (both live and still)}} \times 1,000$$

The figure for West Bromwich last year was 29.5. In view of the small number of children involved, infant mortality rates are unreliable and the perinatal death rate may give a better idea of the total wastage of infant life in the Borough.

### Morbidity

The graph given opposite shows the number of new claims for sickness benefit received by the Ministry of National Insurance each week during the year.

### Deaths from Home Accidents

There were 2 deaths from accidents in the home. The first was a child of 2 months who asphyxiated in a cot at home, and the second was a woman of 75 who accidentally inhaled gas from a gas stove which was left on.

## Suicide

Nine deaths were due to suicide. The age and sex of the persons concerned, together with the method employed, is shown in the following table:-

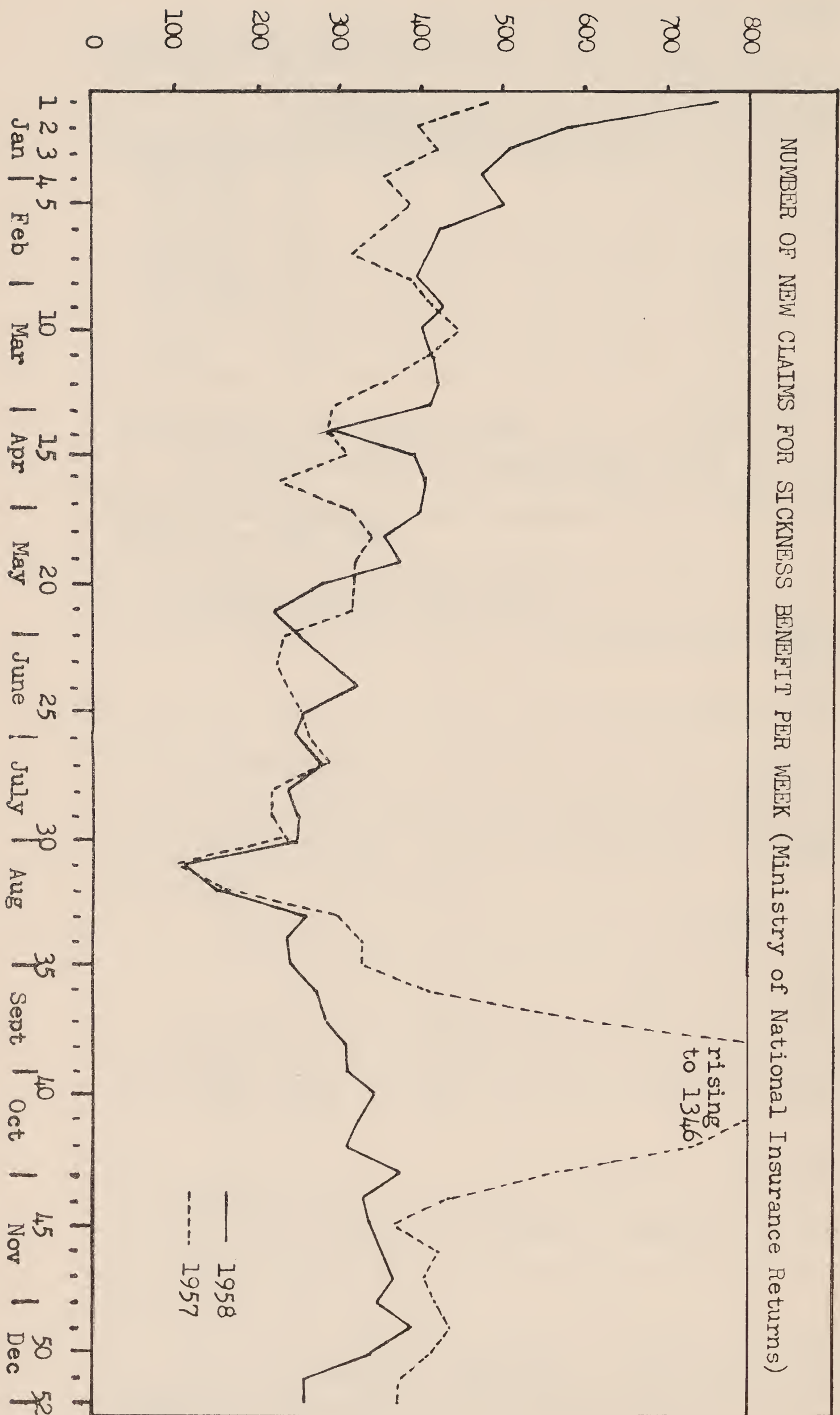
Cause of Death	Age Group					
	15 - 44 years		45 - 64 years		65 years and over	
	M	F	M	F	M	F
Coal gas poisoning	2	2	2	2	-	-
Hanging	-	-	1	-	-	-
Totals	2	2	3	2	-	-

## Road Accidents.

Nine deaths were due to road accidents, and the following table shows the age group and type of vehicle involved:-

	Age Group							
	5-14 yrs		15-44 yrs		45-64 yrs		65 yrs & over	
	M.	F.	M.	F.	M.	F.	M.	F.
Pedestrian struck by motor cycle	-	1	-	-	-	-	-	-
Pedestrian struck by lorry	1	-	-	-	-	-	-	-
Pedal cyclist - collision with lorry	-	-	1	-	-	-	-	-
Pedal cyclist - collision with car	-	-	-	-	1	-	-	-
Pedal cyclist - collision with omnibus	-	-	1	-	-	-	-	-
Motor cyclist fell off motor cycle in street	-	-	1	-	-	-	-	-
Pedestrian struck by car	-	-	-	-	-	-	1	-
Pedestrian struck by motor van	-	-	-	-	1	-	-	-
Thrown from car - collision	-	-	-	-	1	-	-	-
Total	1	1	3	-	3	-	1	-







**PART II**

**LOCAL HEALTH SERVICES**

**Care of Mothers and Young Children**

**Midwifery**

**Health Visiting**

**Home Nursing**

**Vaccination and Immunisation**

**Ambulance**

**Care and After-Care**

**Home Help**

**Mental Health**

## CARE OF MOTHERS AND YOUNG CHILDREN

### Ante-Natal Clinics

The Authority ran ante-natal clinics, at which post-natal examinations were also carried out, at the following centres:-

Boulton Road, Infant Welfare Centre

Friar Park Infant Welfare Centre

Greets Green Infant Welfare Centre

Hamstead Infant Welfare Centre

Highfields Infant Welfare Centre

Hill Top Infant Welfare Centre

Stone Cross Infant Welfare Centre

Yew Tree Infant Welfare Centre

These were staffed by nursing staff from the local authority and medical officers from the hospital service. There were 398 sessions held during the year with an average attendance of 12 patients per session. The maternity service of this country is an overlapping one with considerable criss-crossing of responsibility between hospital, local authority and general practitioner. The patients seen at the clinics were those who intended to be confined at home and whose doctors wished them to attend the clinic for ante-natal care as well as care given at surgeries. Wasserman, Kahn and Rhesus testing were carried out in every case and arrangements existed for the transfer of information to the general practitioner concerned. No special post-natal clinics were held.

### STAFF

At each clinic the following Health Department staff were in attendance:-

A health visitor

A midwife with a pupil midwife on occasions

A medical officer from the hospital attended.

### ATTENDANCES

New bookings	...	...	...	...	887
Return	...	...	...	...	3,714
Post-natal	...	...	...	...	49
					<hr/>
				Total	4,650
					<hr/> <hr/>



## RELAXATION CLASSES AND INSTRUCTION IN CHILD BIRTH

During 1958, 56 expectant mothers were instructed in "Relaxation for Natural Childbirth" and mothercraft. They were keen and interested pupils, showing a great need for instruction by the endless and wide variety of questions put forward during the discussion period. The many deeply appreciative letters from patients show the value of this instruction.

The nursing staff attending the mothers during childbirth have reported the well controlled state, not only of the mothers but other members of their household. This latter has proved of great value to the midwives.

The post-natal attendance has been rather disappointing in that there appears less keenness than shown during the pre-natal classes. It is hoped to improve this figure in the near future.

### Infant Welfare Centres

There was no change in the pattern of infant welfare centres during the year. The centres continued to operate from the same buildings as previously, and the following table gives details of the place, day and total sessions and attendances.

<i>Place</i>	<i>Day</i>	<i>Total Sessions during the year</i>	<i>Total attendances during the year</i>
Boulton Road ...	Tuesday ...	49	3,425
	Thursday ...	50	
Friar Park ...	Wednesday ...	51	3,096
Hamstead ...	Friday ...	50	2,110
Greets Green ...	Wednesday ...	51	2,277
Highfields ...	Monday ...	49	5,148
	Thursday ...	50	
Hill Top ...	Monday ...	49	3,554
	Thursday ...	50	
Red House Park	Tuesday ...	49	2,841
Stone Cross ...	Tuesday ...	49	3,161
	Friday ...	50	
Yew Tree ...	Wednesday ...	51	3,611
	Friday ...	50	
	Totals ...	698	29,223

Each centre was staffed by health visitors and a medical officer of the Health Department staff.

Vaccination against smallpox and immunisation against diphtheria and whooping cough continued to be carried out at the centres.

Further details of the children attending the centres are given below: -

	<i>First attendances</i>	<i>Subsequent attendances</i>
Children between 0 - 1 year	1,498	22,958
" " 1 - 2 years	16	3,205
" " 2 - 5 years	17	3,060

No special toddler clinics were run. Health education was carried out by the health visitors in the clinics.

### Food and Medicaments

There was a central distribution centre open during office hours for the distribution of baby food, orange juice and cod liver oil, and supplies were also available at all infant welfare clinics in the borough.

### Dental Service

Arrangements were made for the provision of a priority dental service for mothers and young children in conjunction with the School Dental Service. At the end of the year the number of officers employed in terms of whole-time officers in this work was 0.3, the number of dental clinics in operation was two, and during the year the total number of sessions (equivalent complete half-days) devoted to maternity and child welfare patients was 137.

The following table shows the work performed by this service: -

TABLE A. Numbers provided with dental care.

	<i>Examined</i>	<i>Needing treatment</i>	<i>Treated</i>	<i>Made dentally fit</i>
Expectant and nursing mothers	150	149	148	115
Children under five years	345	342	333	315



TABLE B. Forms of dental treatment provided.

	Scaling and gum treatment	Fillings	Silver nitrate treatment	Crowns or inlays	Extractions	General anaesthetics	Dentures provided		Radiographs
							Full upper or lower	Partial upper or lower	
Expectant and nursing mothers	34	76	1	-	519	114	37	13	9
Children under five years	2	40	51	-	769	314	-	-	-

Mr. J.G. Potter, L.D.S., R.F.P.S., the Principal School Dental Officer, reports as follows:-

"At the end of the year the whole time equivalent of dental officers employed was 0.3, and as usual the staff shortage continued throughout the year, no full-time appointments being made. With the resignation of Mr. Ruddle at the end of April, the weekly evening session for maternity patients had to be dropped.

Although the number of sessions devoted to treatment fell to 137 which is 21% less than last year, there has not been any significant change in the work done.

A similar number of expectant and nursing mothers received attention which included considerably more scalings, fillings, and partial dentures, but a smaller number of full dentures. All requests for treatment were met but it has not been possible to encourage the full use of dental propaganda by the health visitors during the present shortage of dentists.

The number of children under five treated, fell by 12% but rather more fillings were inserted, while there was a decrease in the number of extractions and silver nitrate treatments. There is no doubt that there is much need for a very considerable increase in the conservation of the youngsters' teeth.

In April we had a visit from a dental officer of the Ministry of Health. She expressed great interest in our service and visited the two clinics. I think she appreciated our difficulties, and she advised on possible future expansion of the maternity dental service.

Finally, I should like to thank the Medical Officer of Health, the medical, nursing and clerical staff, and of course my own staff for their continued co-operation and active help throughout the year."

The present situation with regard to priority dental services is still most unsatisfactory and although some work is being done this must be regarded as nothing more than a token. The difficulty is due to the national shortage of dental officers for the school dental service, which in turn limits the available time of dentists for mothers and young children.

## Care of Unmarried Mothers

Arrangements exist with the Lichfield Diocesan Moral Welfare Association for the work of looking after unmarried mothers to be carried out by their social worker who is in close touch with workers in the Health Department. Three mothers were sent to the following maternity homes: -

The Catholic Maternity Home, Coleshill

The Salvation Army Mothercraft Hostel, Handsworth, Birmingham

"Lahai-Roi", Moseley, Birmingham

In these cases the authority paid part of the cost of the service. None of these three girls married the putative fathers.

Miss C. Nash, Organising Secretary of the Lichfield Diocesan Association for Moral Welfare Work, reports as follows: -

"Twenty-three cases in which illegitimate births occurred in 1958 have been dealt with by Miss Harrington, and these are reported on below. In addition, one mother whose baby was born in 1957 was helped by arrangements being made for the adoption of her child, and five expectant mothers whose babies were due early in 1959 had the necessary plans made for their confinements.

7 mothers were accommodated in Diocesan Homes.

15 went into hospital for confinement

1 remained in her own home

Four of the cases concerned married women, two of whom were legally separated.

In only one case was an affiliation order obtained. A grant of £5 was made by the National Council for the Unmarried Mother and her Child, in response to an appeal for a necessitous case.

One girl was married to the father of her baby and the family has settled happily.

The ages of the mothers ranged between 15 and 36, and of the putative fathers between 19 and 37.

The babies were placed as follows: -

1 with parents married

11 with their mothers at home

2 with their mothers in lodgings

1 with the mother in a situation

1 with parents co-habiting

1 in the care of local authority

5 adopted through the Association

1 transferred to Worker in another area



We are satisfied that all the children are being well cared for and in this connection we would like to express our appreciation of the close co-operation with the health visitors.

One hundred and fourteen visits have been paid in connection with the 29 cases under care, and in addition several homes of prospective adopters have been inspected and reports made.

We wish to thank the Medical Officer of Health and his staff for the help they have given during the year and for the use of a room for interviewing people

**Family Planning**

The West Bromwich Branch of the Family Planning Association held a clinic in the Highfields Infant Welfare Centre during the year. The sessions were once weekly on Wednesday evening. The following is a summary of the work during the year:-

Number of sessions held	...	...	...	...	47
Number of new patients seen during the year	...				223

None of the patients seen were referred because of sub-fertility.

The sources and reasons for referral of cases can be summarised as follows:-

Referred by general practitioners	...	...	41
Transfers from other Family Planning Clinics	...	26	
Referred by nursing staff	...	...	22
Personal introduction	...	...	120
Attendance because of press publicity	...	...	7
Referred by Marriage Guidance Council	...	...	2
Other sources	...	...	5

**Ultra Violet Light Clinic**

The ultra violet light clinics were held on Monday and Thursday afternoons at the Central School Clinic, and on Tuesday mornings and Thursday afternoons at the Stone Cross Clinic.

The following table gives the number of children receiving artificial sunlight treatment during the year:-

		<i>Number of children on register at 31st December</i>		<i>Number of attendances during the year</i>
Pre-school children :	Boys	...	11	509
	Girls	...	10	509
School children :	Boys	...	12	781
	Girls	...	16	741
Children referred by				
Chest Clinic :	Boys	...	-	-
	Girls	...	-	33
	Totals	...	49	2,573

## Day Nurseries and Child Minders

The Council have no day nursery operating in the borough.

No applications for registration under the Nurseries and Child Minders Regulation Act, 1948, were received during the year.

## MIDWIFERY

### General Arrangements

Mothers in labour at home were cared for by eleven midwives employed by the Council and by one midwife in private practice. The Chief Nursing Officer carried out the immediate supervision and the arranging of the work of the Health Department midwives. The Medical Supervisor of Midwives is an obstetrician who is a senior hospital medical officer. No non-medical supervisor of midwives was appointed.

### Distribution of Confinements

The following table shows the distribution of confinements between home and hospital over the last seven years:-

				<i>Confinement in:</i>	
<i>Year</i>				<i>Hospital</i>	<i>Home</i>
1952	...	...	...	820	728
1953	...	...	...	822	726
1954	...	...	...	871	686
1955	...	...	...	767	710
1956	...	...	...	834	768
1957	...	...	...	1,015	719
1958	...	...	...	1,012	746

There were 2,353 births of which 1,758 were to persons who gave an address in West Bromwich when booking a midwife or arranging a hospital confinement. Actually there were 1,696 births registered during the year occurring to permanent residents of the borough according to the Registrar General.

Public demand is for confinement in hospital, but in West Bromwich there is such a demand on the number of beds available for normal midwifery at the hospital that if medical and social conditions are satisfactory confinements must take place at home. Last year 68% of confinements occurred in hospital and 32% at home. These percentages apply to all births in West Bromwich and not necessarily just the births of residents of the borough.

Because of the housing shortage there is a need for admission to hospital for confinement on social grounds, probably greater than that found in many other areas. Domiciliary midwives, assisted by health visitors where necessary, make assessment of the social circumstances of persons wishing to be confined in hospital so that these may be taken into account when allocating the hospital beds to the best advantage. Much has been said about the advantages of confinement at home but public demand is still for admission to a hospital or maternity home.



## Midwives

### NUMBER OF PRACTISING MIDWIVES

The midwives who notified their intention to practise were:-

In hospital and maternity homes	...	11
In domiciliary practice	....	12

### WORK OF THE MUNICIPAL MIDWIVES

Municipal midwives attended 722 confinements. Each patient was visited twice daily for the first three days after delivery, and then daily up to the fourteenth day. Visits made by the midwives are summarised as follows:-

Ante-natal visits	...	...	...	4,321
Nursing visits during the puerperium and post-natal period	...	...	...	13,919
				<u>18,240</u>

All midwives employed by the local health authority are qualified to administer analgesics. The analgesic in use is the gas and air machine and as yet no arrangements have been made for the use of trichloroethylene. A gas and air mixture was administered to 395 women in labour in 1958, representing 54.7% of the total. Many who had attended relaxation classes did not want an analgesic.

Gas and air machines were held by six of the midwives who have their own transport and a further four sets were held at the Ambulance Station and were delivered as required by ambulance.

### Medical Aid

In accordance with the rules of the Central Midwives Board, midwives are obliged to notify certain occurrences in their practice to the local supervising authority. Medical aid was called on 262 occasions for the following reasons:-

#### (a) CONDITIONS OCCURRING IN THE MOTHER

Ante-partum haemorrhage	...	...	11
Delay in first stage	...	...	10
Delay in the second stage	...	...	10
Eclamptic fit	...	...	2
Foetal heart not heard	...	...	4
Malpresentation	...	...	4
Post-partum haemorrhage	...	...	10
Premature labour	...	...	7
Pyrexia	...	...	16
Retained placenta	...	...	6
Ruptured perineum	...	...	70
Thrombosis	...	...	2
Obstructed labour	....	....	4
Inflamed breast	...	...	7
Obstetric shock	...	...	2
Phlebitis	...	...	4
Breech presentation	...	...	7
Uterine inertia	...	...	3
Poor general condition	...	...	5
High blood pressure	...	...	7
Toxaemia of pregnancy	...	...	6
Foetal distress	...	...	3

- 200

(b) CONDITIONS OCCURRING IN THE BABY

Asphyxia pallida	...	...	...	5
Discharging eyes	...	...	...	18
Malformation	...	...	...	5
Septic spots or rash	...	...	...	12
Prematurity	...	...	...	8
Others	...	...	...	1
Cerebral	...	...	...	4
Inflammation of pelvis	...	...	...	2
Cardiac	...	...	...	3
Atelectasis	...	...	...	2
Mongolism	...	...	...	1
Hypothermia	...	...	...	1
				- 62
				<u>262</u>

### Emergency Obstetric Service

This service is readily available and operates from Hallam Hospital, and during the year attended 25 calls in the Hospital Management Committee area. Ten of these calls were made by municipal midwives.

### Maternal Mortality

Two women who were residents in the Borough died as a result of pregnancy.

The first aged 36 years, died in a Birmingham hospital having received her ante-natal care at the hospital and being admitted on account of her mental difficulties. She was delivered of a stillborn child and her death was due to toxæmia of pregnancy coupled with an infection of her urinary system which gave rise to septicaemia.

The second patient, a woman of 29 years, died in hospital in West Bromwich. She received her ante-natal care from the local authority ante-natal clinic, which she had attended on nine occasions. She became overdue but refused to go into hospital, subsequently went into labour and was admitted. After a particularly difficult labour and a hysterectomy she asked for her discharge home on the 17th day against medical advice and was readmitted to hospital three days later with a pulmonary infarction which caused her death.

### Training in Domiciliary Midwifery

In conjunction with Sutton Coldfield Maternity Hospital four pupil midwives were trained during the year in West Bromwich for the second part of the Certificate of the Central Midwives Board.

### Post-Certificate Education of Midwives

The municipal midwives take turns in attending post-certificate courses organised by the Royal College of Midwives, but in order to comply with the regulations it was necessary to send seven midwives on refresher courses during the year.



## Staff

All midwives are on the telephone and eligible for a car allowance and for the provision of housing accommodation. At the end of the year seven midwives had cars and emergency transport from the Transport Department was available if necessary.

## Co-ordination

There is a great need for the tidying up of the arrangements for the care of expectant mothers and women in labour. Attempts have been made by the introduction of a co-operation card to ensure that all concerned have adequate information, and now that the Cranbrook Committee has reported, it is hoped that a start may be made on the problem of improving the co-operation existing between the three parts of the National Health Service responsible for the Midwifery Service.

The local authority would still appear to have two great interests. First to see that mothers confined at home and attended by municipal midwives have adequate ante-natal care, and secondly, to see that every woman has the opportunity to take advantage of the facilities on instruction in the management of babies and in the preparation for confinements.

## Cases of Potential Difficulty

In 1958 the places of confinement of special categories of expectant mothers can be summarised as follows:-

	<i>Place of confinement</i>	
	<i>Hospital</i>	<i>Home</i>
1. Primiparae aged more than 30 years ... ..	49	19
2. Multiparae aged more than 40 years ... ..	23	18
3. Women in their fourth or subsequent pregnancy ...	93	113

These mothers should whenever possible have their babies in hospital for medical reasons, but the figures show that this ideal is far from reached.

## Professional Meetings in the Maternity Service

These meetings have been rather overshadowed by the long expected report of the Cranbrook Committee. Now that this has been received, it has been studied by the various parts of the National Health Service and arrangements are in hand for a discussion jointly at a later date. In particular, the Local Medical Committee together with the Medical Officer of Health, have done a considerable amount of work in attempting to devise more efficient methods of co-operation.

## HEALTH VISITING

### Staff

At the end of December the staff consisted of the Chief Nursing Officer, Deputy Chief Nursing Officer and ten health visitors.

Health visitors perform joint duties, working both as school nurses and as health visitors. Approximately 4/11th of their time is given to the School Health Service. It was possible to recruit three student health visitors during the year. It has not been the policy to second health visitors to any particular specialty.

One health visitor resigned and left the service in 1958.

### Staff Training

One health visitor went on a refresher course during the year.

The series of lectures at monthly intervals did not appear to meet with a great deal of response, but a series of meetings between groups of health visitors and the Medical Officer of Health at fortnightly intervals, to discuss the whole of the service and to keep the health visitors in touch with the whole of the department in its many aspects proved of great value.

### General Arrangements

The area of the County Borough is divided into districts, one health visitor being in charge of each district and working under the general supervision of the Chief Nursing Officer. In these districts the health visitors carry out the visiting of infants and young children up to the age of five and also visits to any members of the family, depending on the need. There is close liaison with the hospital for the follow-up of children or elderly persons who have been discharged. An arrangement exists with the Consultant Physician in charge of wards for the chronic sick whereby he, together with the Chief Nursing Officer, visits the homes of elderly persons awaiting admission so that an assessment can be made both of the medical and the social urgency in an endeavour to use the beds to the best advantage.

### Home Visits

The health visitors' time is divided between work in clinics and home visits. Details of the latter are as follows:-

ANALYSIS OF HOME VISITS	1954	1955	1956	1957	1958
First visits to births	1,467	1,390	1,373	1,581	1,586
Re-visits to children under 12 months ...	5,607	5,006	2,986	2,955	4,812
Re-visits to children 1 - 5 years... ..	13,170	12,026	8,725	8,544	9,205
Visits to cases of infectious disease	191	229	262	98	129
Visits to expectant mothers	357	257	224	141	216
Miscellaneous	2,015	1,833	1,385	1,493	1,147
B.C.G. vaccinations	1,326	878	291	701	608
Totals ...	24,133	21,619	15,246	15,513	17,703



At the end of December the health visitors' case load of children under the age of five years was 6,596.

### **Tuberculosis Visiting**

Two tuberculosis visitors were employed and during the year paid 3,495 home visits.

The work of the tuberculosis visitors is due for review and, in conjunction with the Chest Physician, it is hoped to look into the whole subject of the care of the tuberculous at home and its social implications, and to try and devise an improved scheme wherever possible so as to use the visitors to the best advantage.

### **Diabetic Clinic**

A health visitor attended the diabetic clinic held in the District Hospital and was responsible for liaison with the physician and helping to see that the patients were able to carry out the instructions given them concerning diet.

### **Liaison with Other Agencies**

The good relationship between the health visitors and the general practitioners in the area continued. As the Medical Officer of Health is also the Chief Welfare Officer, a close liaison exists between the welfare officers and the health visitors.

The Chief Nursing Officer attends meetings of social workers convened to co-ordinate the work in connection with children neglected or ill-treated in their own homes.

## HOME NURSING

### Staff

The following staff were employed at the end of the year:-

	<i>Men</i>	<i>Women</i>
Chief Nursing Officer	-	1
State Registered Nurses: -		
Full-time	2	5
Part-time	-	2
State Enrolled Assistant Nurses	-	1

This gave an equivalent of full-time staff of 8½. None of the nurses has had special training in home nursing.

### General Arrangement

The district nurses work under the supervision of the Chief Nursing Officer who allocates and organises their duties. Requests for nursing assistance are made by general practitioners to the Chief Nursing Officer and arrangements are also made for the continuation of treatment after a patient's discharge from hospital. The nurses carry out the instructions of the family doctors regarding treatment. Evening calls are covered by a rota of nurses so that one is available. Calls in an emergency at night are arranged through the Ambulance Department who provide the necessary transport. Three cars are available for the transport of district nurses on their rounds.

### Cases Nursed

The following table shows the average number of nurses employed, the number of visits and the number of new cases over each of the past six years:-

<i>Year</i>	<i>Average number of nurses employed</i>	<i>No. of new cases</i>	<i>Total No. of visits</i>
1953	7	651	27,113
1954	7	669	30,352
1955	7	840	32,353
1956	7½	766	33,621
1957	8½	619	32,577
1958	8½	671	32,684

Of the 859 patients nursed during 1958, 780 were sent by general practitioners, 19 by the Chest Clinic, 58 by hospital, and 2 were transferred from another area.



17,374 visits were paid to patients over the age of 65 years compared with 68 to patients less than five years

The work carried out month by month was as follows:-

<i>Months</i>	<i>Number of patients being nursed at the beginning of month</i>	<i>New Cases</i>	<i>Number of patients being nursed at end of month</i>	<i>Nursing visits</i>
January ...	188	70	179	2,873
February...	179	46	173	2,608
March ...	173	63	176	2,479
April ...	176	66	188	2,943
May ...	188	60	184	2,603
June ...	184	62	178	2,783
July ...	178	47	181	2,674
August ...	181	34	175	2,601
September..	175	48	187	2,443
October ...	187	66	183	2,897
November...	183	45	196	2,975
December...	196	64	195	2,805

These figures show that the routine work varied little during the year.

### Classification of Work

The figures in the following table show the number of cases of each specified disease each month. As many cases may continue over into the next month the addition of the figures for individual diseases does not represent the total number of cases of that disease during the year. The value of this table lies in the fact that it gives a picture of the type of case nursed by the district nurses. Predominantly this is general nursing care with a large number of injections. A new classification has been introduced so that strictly comparable figures can be given in this report year after year. It is not possible, therefore, to compare the next table with that given in last year's annual report, but this new classification covering as it does the whole of the field, will, it is hoped, give more useful information.

	Jan.	Feb.	March.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Tuberculosis ... ..	16	12	12	19	16	15	13	15	15	14	11	11
Malignant and lymphatic neoplasms	9	7	5	5	5	9	9	8	9	13	9	6
Diabetes mellitus ... ..	29	27	28	28	28	26	25	27	26	35	33	35
Anaemias ... ..	7	2	5	4	3	5	4	2	1	1	5	3
Vascular lesions affecting the central nervous system	18	14	19	20	16	17	20	22	17	24	22	26
Other mental and nervous diseases	2	2	2	3	3	2	-	-	-	-	-	-
Diseases of the eye ... ..	-	-	-	-	-	1	-	-	-	-	-	-
Diseases of the ear ... ..	-	-	-	2	-	-	-	-	-	-	-	-
Diseases of the heart and arteries ... ..	12	11	14	14	12	13	9	10	9	13	10	11
Upper respiratory diseases ...	15	3	4	2	1	3	4	2	2	2	1	6
Other respiratory diseases	5	9	8	4	7	5	2	4	4	1	4	4
Constipation ... ..	10	9	10	9	9	7	8	4	4	7	3	4
Other diseases of the digestive system ... ..	4	4	4	7	7	7	5	2	3	8	3	4
Diseases of the urinary system and male genital organs ...	12	18	17	9	16	11	16	10	15	17	20	18
Diseases of the breast and female genital organs ...	4	2	2	-	-	1	2	-	-	-	-	-
Complications of pregnancy and the puerperium ... ..	-	-	-	-	1	1	3	1	1	2	6	4
Diseases of the skin and sub- cutaneous tissues ... ..	19	22	18	26	28	26	19	21	23	22	25	28
Diseases of the bones, joints and muscles ... ..	10	10	9	9	11	11	11	11	13	14	11	11
Injuries ... ..	4	6	6	4	6	8	8	4	5	3	4	4
Senility ... ..	8	13	14	18	17	18	56	50	57	21	16	20
Other defined and ill-defined diseases or disabilities ...	64	54	59	59	62	60	13	18	19	56	45	65
Diseases not specified ...	10	-	-	-	-	-	-	-	-	-	-	-



## **Nursing Equipment**

A stock of nursing equipment is maintained in the department for use by patients who require it and who are being nursed at home. Details of the number of items lent under this scheme are given elsewhere in this report.

## **Relief of Pressure on Hospitals**

I am asked once again to assess the effect of the district nursing service in relieving pressure on hospital accommodation. I find this very difficult to do but there is no doubt that it is the opinion of most doctors in the town that many patients are able to be kept at home in comparative comfort and with adequate nursing by the fact that such a service exists.

## **Nursing of Children at Home**

Thought has been given to the nursing of children at home and of the establishment of special facilities for this purpose. After consultation with the paediatric physicians and the Local Medical Committee, it emerged that there was no particular call for special facilities in this respect in West Bromwich. It is hoped, however, in the new year to establish a close liaison with the hospitals by the use of health visitors attached to the paediatric departments, so that no child which can be nursed at home should be offered the facilities which can be provided through the various services of the national health authority and see that adequate knowledge of the background of the children can be available to the paediatrician.

## **Training of District Nurses**

It will be noticed that none of the district nursing staff of the authority are particularly trained in district nursing. There are no arrangements in West Bromwich for such training to be carried out. Arrangements have been made for refresher course for home nurses on the staff to take place every five years, starting 1959.

The Council have now approved in principle the establishment of a nursing centre for the home nurses, health visitors and midwives and it is hoped that this will provide more reasonable facilities for the preparation of equipment, etc.

## VACCINATION AND IMMUNISATION

### Vaccination Against Smallpox

Vaccination of infants against smallpox is carried out at the infant welfare centres or by general practitioners. The number of primary vaccinations in children under five years of age is shown in the following table. The figures for 1958 include 138 infants vaccinated by family doctors.

<i>Age at date of vaccination</i>	<i>Under 1 year</i>	<i>1 year</i>	<i>2 - 4 years</i>	<i>5 - 14 years</i>	<i>15 years and over</i>	<i>Total</i>
Number vaccinated (primary)	499	21	10	9	19	558
Number re-vaccinated	-	-	-	5	72	77

The health visitors constantly remind parents of the need for vaccination, at their domiciliary visits, but the number of infants vaccinated is small in relation to the total number of births.

The following table shows the number of infants under one year of age vaccinated over the last ten years:-

<i>Year</i>	<i>Number of children vaccinated under 1 year</i>
1949	151
1950	190
1951	325
1952	251
1953	264
1954	234
1955	368
1956	499
1957	457
1958	499

The number of live births in 1958 was 1,662, and yet the number of infants vaccinated was 499, representing 30% of the births. Thus most of the protection of the child population given by vaccination against smallpox is at a low level. The situation is potentially dangerous and in the event of a smallpox outbreak it is almost certain that medical services will be inundated with requests for immediate vaccination, often from people with no contact whatsoever with the case. This will result in a heavy demand on the services committed to dealing with the situation itself, and as many of these vaccinations will be done on persons previously unvaccinated and of a mature age, there will be a number of sore arms and illness, thus disrupting further the life of the community. The history of many smallpox outbreaks shows how great is the disruption caused by demands for sudden mass vaccination and the results of vaccinating the previously unvaccinated. A good deal of this trouble could be saved if parents would have their children vaccinated in infancy, when it is one of the safest protective measures and causes less inconvenience.



## Immunisation against Diphtheria and Whooping Cough

In July, 1957, the procedure for immunisation against diphtheria and whooping cough was altered as a result of a letter from the Ministry of Health drawing attention to the risk of provoked poliomyelitis with combined antigens. The present procedure in local authority clinics for protective vaccinations and inoculation is as follows:-

Vaccination against whooping cough ... ..	2, 3 and 4 months of age
Vaccination against smallpox	5 months of age
Immunisation against diphtheria ... ..	6 or 7 months of age
Booster doses ... ..	5 or 6 years of age

A total of 652 infants were given primary injections against diphtheria during the year, and a total of 607 reinforcement injections were given to school children. The following table shows diphtheria immunisation in relation to child population:-

Age Groups	Percentage of mid-year population completely immunised
Under 1 year ... ..	10.9
Aged 1 to 4 years ... ..	61.0
Aged 5 to 14 years ... ..	56.6
Total under 15 years ... ..	54.4

The following table shows the source of immunisation:-

	Whooping Cough	Diphtheria Immunisation only	Combined Whooping Cough and Diphtheria	Reinforcing Infections (Diphtheria only and Whooping Cough and Diphtheria Combined)
No. of children immunised at infant welfare centres ... ..	695	632	19	2
No. of school children immunised ...	6	100	-	559
No. of children immunised by general practitioners for whom a record card was received in the Health Department	41	77	130	48
TOTALS	742	809	149	609

The following table shows the immunity index which is an expression of the number of children immunised in relation to the mid-year population in the same age group:-

<i>Year</i>	<i>Under 1 year</i>	<i>1 - 14 years</i>	<i>5 - 14 years</i>	<i>0 - 14 years</i>
1953	2.1	53.6	33.4	36.2
1954	2.7	51.5	35.4	37.6
1955	11.5	51.6	44.1	43.9
1956	15.6	55.0	65.2	59.4
1957	10.3	61.3	61.4	57.7
<b>1958</b>	<b>10.9</b>	<b>61.0</b>	<b>56.6</b>	<b>54.4</b>

#### DANGER OF DIPHTHERIA

This is a disease which has disappeared within living memory and this gives a false sense of security. This type of change in the incidence of infectious disease is not uncommon but it does not mean that the danger has forever passed. The only protection at present known against diphtheria is that of maintaining a well immunised population. It will be seen from the figures above that we are not fully in that happy state.

#### Vaccination against Poliomyelitis

The following table shows the number of persons in each age group who were vaccinated against poliomyelitis during the year:-

<i>Age Group</i>	<i>Number vaccinated:</i>		
	<i>First Injection</i>	<i>Second Injection</i>	<i>Third Injection</i>
6 months to 4 years	1,348	1,502	262
5 years to 14 years	5,337	4,993	2,026
15 years to 25 years	364	336	9
Expectant mothers	56	50	-
Ambulance staff	28	28	2
Doctors	6	8	-
Health visitors and school nurses	8	9	2

#### B. C. G. Vaccination

B.C.G. vaccination continued to be offered to children who reached the age of 13 years. The extensive poliomyelitis vaccination programme caused some delay in carrying out B.C.G. as a period of time must elapse between the two protective procedures. Shortage of medical staff has also affected the figures.



Grammar school children missed last year because of the tuberculosis outbreak, were included in this year's programme.

Of 1,456 children eligible, 963 (66%) accepted. Of these, 786 received the first skin test and 132 were found to be positive, i.e. they have already come into contact with tuberculous infection. This gives a positive skin test rate of 17%. All children with positive skin tests were offered an X-ray at a Mass Miniature Radiography Unit, but in only 5 cases was any abnormality found. In 2 girls evidence of old healed primary foci of infection was visible on X-ray. In one girl there was evidence of pleural thickening, possibly of tuberculous origin, and some investigations were necessary in the case of another girl who was in good health.

All children with negative skin tests were offered B.C.G. vaccination. 654 children were vaccinated and there was only one minor complication which soon cleared. The practice of giving a further skin test was discontinued after March 1958. All the children vaccinated since the commencement of the scheme in West Bromwich were found to have acquired protection against tuberculosis.

The following table gives details of vaccination, school by school.

# B. C. G. VACCINATION TABLE

	<i>All Saints</i>		<i>Secondary Technical</i>		<i>Charlemont</i>		<i>Grammar</i>		<i>Hill Top</i>		<i>George Salter</i>		<i>Spon Lane</i>		<i>Bratt St. &amp; St. Michaels</i>		<i>Church-fields</i>		<i>Total</i>
	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	
Nominal Roll	42	47	106	91	131	109	99	98	-	-	137	132	93	94	-	-	144	133	1,456
Total of Acceptances	27	33	74	57	83	73	72	67	-	-	94	82	42	48	-	-	100	111	963
Total 1st Mantoux Test	26	31	61	45	59	42	50	55	-	-	94	82	42	48	-	-	86	65	786
Total Positives	6	8	7	7	14	5	6	9	-	-	19	15	5	6	-	-	14	11	132
Absentees	1	2	13	12	24	31	22	12	-	-	-	-	-	-	-	-	41*	46*	204
Total given B. C. G.	20	23	54	38	45	37	44	46	-	-	75	67	37	42	-	-	72	54	654
Mantoux Conversion Injections	-	-	-	-	-	-	-	-	-	-	68	63	-	-	-	-	-	-	131

\* Most of these were not really absentees but were in the middle of poliomyelitis vaccination.



## AMBULANCE SERVICE

### General Arrangements

The service is administered and operated by the Corporation's Transport Department on behalf of the Health Committee. Ambulances are used for journeys in West Bromwich and to and from centres in the Midlands, but for more lengthy journeys arrangements are usually made with British Railways for it has been found that rail journeys are more comfortable for the patient, and cheaper than travel by road. The number of patients carried by train in 1958 was 4 compared with 7 in 1957.

### Ambulances

The vehicles in service are as follows:-

<i>Type</i>	<i>Placed in Service</i>	<i>Mileage during 1958</i>
Morris ...	8.12.39	2,431
Austin ...	26. 7.48	12,352
Daimler ...	26. 7.49	2,531
Morris ...	6. 7.49	6,756
Daimler ...	22. 1.51	15,339
Daimler ...	15. 5.56	17,905
Morris ...	1. 7.57	21,682
Morris ...	8. 7.58	6,918

The Morris ambulance placed in service on 8th December, 1939, was replaced during the year by a new Morris four-berth type ambulance mounted on an LC 5 type chassis.

### Staff

There has been no change in the strength of staff during the year. The total staff now consists of 15 ambulance/driver attendants.

### Work Done

The figures below show the use of the service over the last nine years:-

<i>Year</i>	<i>No. of patients</i>	<i>Mileage</i>
1950	7,255	54,925
1951	8,918	65,405
1952	14,354	71,088
1953	18,275	80,339
1954	19,800	83,984
1955	22,470	88,392
1956	21,305	84,215
1957	21,580	87,608
1958	23,383	85,914

It will be observed that there has been an increase in the number of patients carried with, however, a decrease in the mileage operated. The increase in patients appears in the main to have occurred in the transporting of out-patients as shown in the following table:-

<i>Year</i>	<i>No. of Out-patients</i>
1950	3,824
1951	5,008
1952	9,857
1953	13,548
1954	15,009
1955	16,710
1956	14,952
1957	15,062
1958	17,189

### **Radio Control**

The Health Committee have now decided to install radic telephone equipment in the ambulances in the financial year 1959/60. It is hoped the installation will be effected in May 1959.

### **New Equipment**

During the year a Stevenson "Minuteman" Resuscitation Unit was purchased and has been put into operation. This type of equipment is considered to be vastly superior to the resuscitation equipment which is at present also in use.- Provision is being made in the next financial year for the purchase of further "Minuteman" resuscitators.

### **Supply of Oxygen**

The arrangements for the supply of oxygen in an emergency to patients in their own homes, at the request of the family doctor, continued to operate.

### **Training of Staff**

Members of the ambulance service are all members of the St. John Ambulance Brigade, and accordingly take revision courses and examinations in first aid at annual intervals.

### **Major Accidents**

The prospect of radio telephony in the near future will make an alteration to the arrangements for dealing with major accidents. These need to be simple but involve discussion with so many different authorities that to achieve simplicity is in itself difficult.

## CARE AND AFTER-CARE

### Convalescence

Patients are sent for convalescence on the recommendation of their own doctors. They contribute towards the cost according to their means. The demands on this valuable service continued and recuperative holidays were arranged for 74 adults and 5 children during 1958. Most of the patients were accommodated in convalescent homes by the sea.

In addition to convalescent home fees, travelling expenses were paid in respect of 72 patients.

### RECOMMENDATIONS

(a)	General practitioners	...	...	78
(b)	Hospital:			
	Physicians and surgeons	...	...	1
	Total	...		<u>79</u>

### AGE GROUP OF PATIENTS

Under 21 years	...	...	...	...	7
21 - 44 years	...	...	...	...	13
45 - 64 years	...	...	...	...	48
Over 65 years	...	...	...	...	11
Total	...				<u>79</u>

### DETAILS OF ACCOMMODATION:

<i>Convalescent Homes</i>	<i>Men</i>	<i>Women</i>	<i>Children under 16 years</i>
Rest Haven, Exmouth ... ..	7	22	2
Victoria, Clevedon ... ..	9	-	-
Belmont, Clevedon ... ..	-	3	-
West Hill, Southport ... ..	5	10	-
Bell Memorial Home, Lancing...	-	5	-
St. Luke's, Torquay ... ..	2	-	-
Kewstoke Con. Home, Nr. Weston-super-Mare ...	-	1	-
St. Raphael's, Torquay ...	-	4	-
Lennox House, Southsea ...	-	1	1
Surrey Convalescent Home for Men, Seaford ...	4	-	-
Bognor Regis...	-	1	-
"Tanllwyfan" Children's Con- valescent Home, Colwyn Bay	-	-	2
Totals ...	<u>27</u>	<u>47</u>	<u>5</u>



## Types of Illness

A broad classification of the types of conditions for which convalescence was recommended is as follows: -

Post operative	...	...	...	...	9
Respiratory	...	...	...	...	26
Cardio-vascular	...	...	...	...	9
Gastro-intestinal	...	...	...	...	7
Nervous	...	...	...	...	12
Others	...	...	...	...	16

## LOAN OF EQUIPMENT

Stocks of nursing equipment for use in patient's homes are held by the Department. These articles are lent on the recommendation of a general practitioner or district nurse. On return they are disinfected where necessary and thoroughly cleansed.

The following types of equipment were available for use during the year:-

- Air rings
- Back rests
- Bed cradles
- Bedpans - crock
- "      - rubber
- Bed mirror
- Bedsteads
- Commode chairs
- Feeding cups
- Head poles and chains
- House chair
- Mattresses
- Nocturnal Enuresis Alarm
- Spinal carriage
- Spinal support
- Sputum Cups
- Urinals
- Wheel Chairs
- Waterproof sheets

This is a service which might usefully be expanded, particularly in relation to lifting equipment and wheel chairs. The greatest difficulty at present encountered is storing the equipment, especially the larger articles, in an already crowded department.

## HOME HELP SERVICE

### General Arrangements

Home helps are available to meet the needs of those residents of the town who for various reasons are unable, either temporarily or permanently, to manage their own housework and who need help at home to make life bearable.

The service is one for which a charge is made, based on the financial position of the family, and the hours of service given to any particular family depend on the social need and the availability of home helps.

The number of patients helped has shown an increase during the last five years, and the ratio of maternity cases to the aged and chronic sick has now fallen to 1 to 8. The service, therefore, is largely concerned with assisting aged persons in their own homes.

<i>Year</i>	<i>Maternity</i>	<i>Aged and Chronic Sick</i>
1951	52	144
1952	60	187
1953	59	195
1954	43	225
1955	27	239
1956	48	246
1957	54	293
1958	40	323

### Staff

The Home Help Service at the end of the year employed 13 full-time staff and 41 part-time staff, making an equivalent of approx. 35 in terms of full-time staff.

The greater amount of the work is done in the morning - this being the most convenient time, both to the patient and to the help.

### Persons Helped

During the year a total of 198 new patients was given help for the first time. This is substantially the same figure as last year, but of these 115 were chronic sick, 40 maternity and 3 cases of tuberculosis, an increase in the number of chronic sick patients and a decrease in the number of maternity cases.

The position over the last few years is shown in the following table: -

	1955	1956	1957	1958
Confinements at home ... ..	26	42	44	40
Other maternity cases ... ..	4	6	10	-
Aged and chronically sick ... ..	229	246	293	323
Tuberculosis ... ..	8	10	8	10
Problem families ... ..	2	3	4	6
Others including acute illness..	51	35	38	42
	<hr/>	<hr/>	<hr/>	<hr/>
Totals...	320	342	397	421

There were 165 patients who received continuous help throughout the year. The patients receiving more than three month's duration of help remaining on the books at the end of 1958, can be classified as follows: -

Chronic sick under 65	...	...	...	34
" " over 65	...	...	...	183
Tuberculosis	...	...	...	7
Child care	...	...	...	1
Mental health	...	...	...	1

### Charges for the Service

Patients receiving help paid as follows: -

Full-time payment (3/9d. per hour)	...	44
Part-payment	...	364
No payment (including 6 problem families)	...	13

The patients paying full cost were as follows: -

Maternity	...	12
Short term	...	16
Chronic	...	15
Tuberculosis...	...	1

It will be seen from these figures that the majority of patients are paying part cost. In many instances, as would be expected, these people are in receipt of national assistance and the assessed cost of their help is paid by the National Assistance Board.

### Night Attendance Service

This service is designed to provide attendance at night for cases of illness and emergency when other arrangements cannot be made. It is therefore only used for urgent need and is not a large and extensive service.

During the year two persons were willing to do this work and they dealt with fifteen cases for the following reasons: -

#### Acute illness:

Heart disease	...	3
Pneumonia	...	1
Bronchitis	...	1

#### Awaiting admission to hospital:

Stroke	...	1
Heart disease	...	1

#### Chronic sick:

Carcinoma	...	2
Senility	...	3
Heart disease	...	2
Stroke	...	1

Small though this service is, it is one of the greatest value to the recipients.



## Home Help Washing Service

This service provides for the laundering of articles from homes where the home help is visiting. The actual washing is undertaken at the hospital laundry but the articles are brought by the home helps to the Health Department in plastic bags. Some very dirty washing indeed has been dealt with in this way - washing which may have been refused by the average commercial laundry, and this does provide a part answer to the problem of the incontinent patient at home. With an ageing population, this is the type of service which would probably merit expansion in due course.

## Cleansing of Dirty Homes

A problem from time to time is that of the elderly person who has become progressively more infirm and whose house has succeeded in getting into an extremely dirty state. In these cases, cleansing has to be undertaken by somebody from the Corporation if it is to be done at all, and during the year several houses have been dealt with. To quote an example, in one particular case a blind woman of 60 had been in hospital for six months after falling down her cellar steps. She was made fit for discharge but she did not want to go into one of the Homes for the Blind. There were grave doubts as to whether she could manage to live alone, but since this was her wish it was decided to see what could be done to keep her going. Two home helps cleansed the house, which was in a shocking state, old moth ridden furniture was disposed of, (with the patient's permission) and from various sources articles were given to provide adequate furnishing. The cellar was blocked up, and the one downstairs room made as comfortable as possible for the elderly lady to use as a bed-sitting room. She is now at home and, with the aid of home helps, is managing to live happily and successfully. The neighbours were originally antagonistic towards her for she had been a trouble to them before her admission to hospital. She is still incontinent at times, but with the use of the laundry service the difficulty is overcome, and with the home help attending three hours daily, she has no longer presented a problem to her neighbours, with the result that one neighbour goes in each afternoon, makes up the fire and gives her a cup of tea. This is time-consuming work but often very necessary and in these unfortunate cases the bringing together of the various social services concerned is needed at the beginning with a continuing care from the Home Help Service.

## **MENTAL HEALTH**

### **General Arrangements**

The Mental Health Sub-Committee of the Health Committee is composed of seven members of the Council and one co-opted member and meets monthly. Reports from the officers of the Council on mental illness, mental handicap, the occupation centre, and the work of the unqualified psychiatric social worker are received and discussed each month.

### **Staff**

The Medical Officer of Health and his deputy are responsible for the administration of the service. The Medical Officer of Health and four general practitioners in the town are authorised by the authority for the purpose of sections 3 and 5 of the Mental Deficiency Act, 1913.

There is one full-time duly authorised officer also undertaking duties as a mental health officer, and the chief clerk is authorised to act as duly authorised officer for relief purposes. Arrangements were made with the County Borough of Smethwick, who have a similar staff, so that adequate relief was provided for the officers concerned. The duly authorised officer has the responsibility of co-ordinating the work of the officers dealing with the mentally handicapped and the mentally ill, in addition to his other duties.

In addition, there is a mental health officer responsible for the social care in the community of mental defectives and during the year there was a part-time mental health social worker assisting with the aftercare of persons discharged from hospital. This worker resigned and the opportunity was taken to seek a full-time psychiatric social worker. Unfortunately it was not possible to recruit a qualified worker and the present mental health social worker is therefore a registered mental nurse with a particular interest in this field.

The total lay staff, therefore, comes to three full-time officers, with the chief clerk also authorised to act as duly authorised officer.

The Occupation Centre catered for 42 children and was staffed by one qualified and two unqualified supervisors.

### **Training of Staff**

Unfortunately there have been so many changes in the staff that it has not been possible to take advantage of training facilities to the full. The staff, however, do attend at one of the local mental hospitals regularly for case conferences and discussions.

### **Co-operation with Hospitals**

The co-operation with the Regional Hospital Board and the Hospital Management Committee and their officers at the various mental hospitals in the area has continued and the staff do visit constantly and discuss with the medical and nursing staff of the hospitals the problems of individual patients.

### **Duties delegated to Voluntary Associations**

No duty of the Local Health Authority has been delegated to a voluntary association.



## MENTAL ILLNESS

The Borough of West Bromwich is allocated to the catchment area of the All Saints Hospital, Winson Green, Birmingham, and the majority of the patients resident in the Borough requiring in-patient treatment were admitted to that hospital. But in the case of patients only temporarily within the Borough at the time of onset of mental illness, arrangements were made for admission to the hospital covering the home address whenever practicable. For example, a patient in a general hospital in the Borough, normally resident at Oldbury and needing psychiatric treatment at a mental hospital, would be admitted to Barnsley Hall, Bromsgrove, which normally accepts patients from the Oldbury area.

Great care has been exercised in the use of compulsory powers of admission. Whenever possible, the agreement of the relatives has been sought prior to the use of a compulsory order.

Some difficulties were experienced for a period of five weeks in the first half of the year when the authorities at the All Saints Hospital, Winson Green, Birmingham, found it necessary to close the female reception wards because of serious overcrowding. However, with the co-operation of the Regional Hospital Board during this period it was possible to deal with emergency cases by admission to other hospitals.

The admission of voluntary patients was restricted, particularly in the early part of the year, owing to the shortage of bed accommodation, but the position tended to improve in the last quarter of the year.

Close liaison between the duly authorised officers, the hospitals and the general practitioners has been developed during the year, with good results. An interesting and satisfying development has been the practice of doctors to refer borderline cases to the duly authorised officers for their opinion concerning the best method of dealing with the problem they pose, which has resulted in action other than admission to mental hospitals, such as reference to out-patient clinics and visits by members of the mental health staff.

The following table shows the figures for admissions and discharges and the various categories of patients over the last six years. These figures refer to admissions known to the Local Health Authority. All voluntary admissions are not known.

### LUNACY AND MENTAL TREATMENT ACTS, 1890 - 1930

#### *Classification on admission:*

	1953	1954	1955	1956	1957	1958
Certified ... ..	29	16	11	9	3	-
Temporary ... ..	2	-	-	-	-	-
Voluntary ... ..	55	57	65	91	44	41
3 day order ... ..	3	12	24	55	107	103
7 day Urgency Order	8	10	9	-	-	-
14 day Order... ..	6	8	3	4	9	5
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Totals ...	103	103	112	159	163	149
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>



The ultimate classification of these patients is shown in the following table:-

	<i>Certi- fied</i>	<i>Tem- porary</i>	<i>Vol- untary</i>	<i>3 day Order</i>	<i>7 day Order</i>	<i>14 day Order</i>	<i>Total</i>
West Bromwich cases after initial admission became:							
a. Certified ...	-	-	-	11	-	-	11
b. Voluntary ...	-	-	*41	*69	-	5	115
c. Extended order then discharged	-	-	-	7	-	-	7
d. Discharged at expiration of order... ..	-	-	-	9	-	-	9
e. Died before expiration of order... ..	-	-	-	1	-	-	1
Totals...	-	-	41	97	-	5	143

\* These figures include one person under the age of 16 years.

Apart from these patients, six persons residing in the area of other local authorities were admitted from West Bromwich. All were admitted by use of 3 day orders. This makes up the total of 149 admissions.

DISCHARGES:

	1953	1954	1955	1956	1957	1958
Certified ... ..	17	14	21	29	15	7
3 day order ... ..	-	1	-	4	4	9
3 day order (extended) ... ..	-	2	4	5	8	7
7 day urgency order ... ..	2	3	2	-	-	-
14 day order ... ..	-	2	-	1	2	-
14 day order (extended) ... ..	-	-	-	2	1	-
Temporary ... ..	-	2	-	-	-	-
Voluntary ... ..	53	62	67	104	98	91
Died ... ..	10	16	20	19	14	19
Totals...	82	102	114	164	142	133

## PATIENTS UNDER TEMPORARY ORDERS

It will be seen that a total of 108 patients was admitted under 3 day and 14 day orders. The fate of these is shown in the following table:-

Patients:	3 Day Order	14 Day Order
(1) Died before expiration of Order ... ..	1	-
(2) Discharged at expiration of Order... ..	9	-
(3) Discharged at expiration of extended Order ...	7	-
(4) Became voluntary patients	69	5
(5) Certified ... ..	11	-
Patients belonging to other authorities admitted from West Bromwich ... ..	6	-
Totals..	<u>103</u>	<u>5</u>

## Old Age and Mental Illness

Of the patients admitted to mental hospitals during 1958, 34 were 60 years of age or more. These were admitted on the following terms:-

3 day Orders ... ..	24
14 day Orders ... ..	2
Voluntary ... ..	8
	<u>34</u>

The following table shows the number of patients over 60 years of age admitted to mental hospitals over the last few years:-

	1950	1951	1952	1953	1954	1955	1956	1957	1958
Temporary (includes 3 and 14 day Orders)	1	-	-	4	8	17	13	35	26
Voluntary... ..	10	7	16	13	12	12	15	6	8
Certified... ..	18	11	5	14	5	4	7	-	-
Totals...	29	18	21	31	25	33	35	41	34

The eventual classification of these patients was:-

Voluntary	...	...	29
Discharged at expiration of Order			2
Discharged at expiration of extended Order	...		2
Died before expiration of Order	...	...	1
			<hr/> 34 <hr/>

### Old Age and Mental Illness

Some concern has been felt in regard to the growing number of old people, generally over the age of 70 years, living alone, referred by doctors and from other sources as persons suffering from mental illness. In addition to the 34 persons admitted to mental hospitals, there were 15 old people referred for investigation because of their mental condition who were found not to require admission to a mental hospital by use of order, particularly having regard to the present trend that admission to hospital is for treatment as opposed to custodianship. Invariably it was found that the patient was suffering from deterioration of the mental faculties due to advanced age, accentuated by loneliness. Most were unwilling to consider either submitting to voluntary treatment or giving up their home to enter one of the homes for old people.

Liaison with the welfare officers is maintained in connection with this type of patient.

Although the answer in some cases was admission temporarily to the geriatric ward of a general hospital for a period of general treatment, the acute shortage of available beds rendered this impossible, and other action by way of community case work was the only means available.

This is a growing problem difficult to solve but requiring the general facilities of care in hospital to improve the mental and physical condition before arranging permanent accommodation in homes or more appropriate houses than those at present occupied.

Prevention is difficult too, but a co-ordinated plan for the care of the elderly, similar to that provided for children, will eventually be desirable.

### Community Case Work

Activity in this sphere has developed and continues to make satisfactory progress. In addition to the after-care service for patients and their families, special attention has been paid



to the development of a service for those not yet needing admission to hospital. General practitioners, local authority departments and others are encouraged to refer patients known to them where there is reason to believe a mental disorder exists, and as a result the record of this group of cases is steadily growing. Some satisfactory conclusions have resulted from this work, for in a number of cases the assistance and advice of the staff and the alleviation of social stress, has tended to allay the condition and maintain the patients in satisfactory mental health without the need for admission to hospital.

Much of the work in this field deals with the whole family, the home conditions and social environment, and by assisting the family to solve its problems, helps the patient to recover and fit into community life.

Co-operation with bodies such as the National Assistance Board, the Ministry of Labour Resettlement Officer, Probation Officers, etc. is most desirable and the officers of these social agencies have been most helpful.

During the year the number of patients helped was as follows: -

<i>Age</i>		<i>Male</i>	<i>Female</i>	<i>Total</i>
Under 20 years	...	2	-	2
20 - 29	" ...	16	8	24
30 - 39	" ...	15	23	38
40 - 49	" ...	12	10	22
50 - 59	" ...	12	15	27
60 - 69	" ...	2	12	14
70 years and over	...	2	4	6
		<hr/>	<hr/>	<hr/>
Totals	...	61	72	133
		<hr/>	<hr/>	<hr/>

During the year a social club for the mentally ill was started. This club is designed to promote the general welfare of patients discharged from mental hospitals with a special emphasis on the restoration of lost confidence by means of social aid, pleasurable activities, and the encouragement to resume a normal social life. Commencing in July with an initial membership of 12, the club now has a membership of 35, and it is expected that the growth will be maintained, particularly when increased transport facilities become available.

Members are encouraged to help with the management of club affairs assisted by the mental health staff, to discuss and suggest programmes for future events, and to be responsible for the club's affairs in general. Guided by the Mental Health Officer, a small executive committee of members administer the club's activities and it is pleasing to note how keen and zealous they have become.

The club's name "The Circle of Friendship" exemplifies the friendly relations that exist between the members themselves and the staff. It is not easy to remain on terms of close friendship with a patient you have removed to hospital compulsorily

The club shows clearly that this can be done to the advantage of all concerned. Although a young club, notable achievements of rehabilitation have resulted. This is considered a very important feature of the Community Care Service.

### Occupational Therapy

Another new development during the year was the starting of an occupational therapy class for suitable patients discharged from mental hospitals. Twelve patients have taken advantage of this service and from this small beginning it is hoped to gain a useful addition to the services for care in the community.

## MENTAL DEFICIENCY

### Ascertainment

Twelve cases were added to the register in 1958. Of these, six were reported by the Education Committee under Section 57(3) of the Education Act, 1944.

The details of the patients are as follows:-

	<i>Male</i>		<i>Female</i>	
	<i>Over</i>	<i>Under</i>	<i>Over</i>	<i>Under</i>
	16	16	16	16
Referred by Local Education Authority ... ..	1	2	-	4
Referred by other authorities ...	3	-	-	2
	<u>4</u>	<u>2</u>	<u>-</u>	<u>6</u>
Totals ...	<u>4</u>	<u>2</u>	<u>-</u>	<u>6</u>

Action was taken under the Mental Deficiency Acts as follows:-

	<i>Male</i>		<i>Female</i>	
	<i>Over</i>	<i>Under</i>	<i>Over</i>	<i>Under</i>
	16	16	16	16
Certified under Mental Deficiency Acts and admitted to:-				
St. Margaret's Hospital ...	-	-	-	2
Monyhull Hall ... ..	1	-	-	-
Placed under guardianship ...	1	-	-	-
Placed under statutory supervision	3	2	2	4
	<u>5</u>	<u>2</u>	<u>2</u>	<u>6</u>
Totals ...	<u>5</u>	<u>2</u>	<u>2</u>	<u>6</u>

The total number of cases on the register as ascertained mental defectives at the end of the year was as follows:-

	<i>Male</i>		<i>Female</i>	
	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>
Subject to statutory supervision...	62	41	50	78
Under guardianship order ... ..	1	-	-	-
Patients in hospital... ..	85	11	92	15
Voluntary patients ... ..	5	7	11	10
Patients under friendly supervision	2	-	8	-
Totals ...	<u>155</u>	<u>59</u>	<u>161</u>	<u>103</u>

In addition to these patients there were three males and four females on licence from hospital living in West Bromwich and one case being supervised for another local authority.

Of the total number of cases under supervision resident in West Bromwich at the end of the year, 188 were working and 98 were not. In the case of many of those who are working, supervisory visits are not necessary except for occasional enquiry of employers and relatives that satisfactory progress is being made and they can be regarded as successfully integrated into the community.

#### **Waiting List for Hospital Accommodation**

At the end of the year there were eight patients from West Bromwich waiting for admission to hospitals for mental defectives. These were in the following categories of urgency: -

	<i>Under 16</i>		<i>Over 16</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Urgent cases ... ..	3	-	1	1
Non-urgent cases ... ..	-	-	1	2
Totals ...	<u>3</u>	<u>-</u>	<u>2</u>	<u>3</u>

Following the trend for admission of patients to hospital by informal basis without the necessity of proceedings by petition for admission by Order, applications have been submitted to the Regional Hospital Board, but the prolonged delay in gaining admissions has given rise to some anxiety.

#### **Short-term Care**

Assistance was given on three occasions to the relatives of defectives by arranging short-term care under the provisions of Circular 5/52 of the Ministry of Health. This provides for informal admission for a period of up to eight weeks. All these patients were admitted to Hospitals run by the Regional Hospital Board.



## Occupation Centre

The Occupation Centre at "The Crest" provides 42 places for children and at the end of the year there were 39 children on the register. The ages of these were as follows:-

Age				Number
Under 16 years	...	...	...	27
Over 16 years	...	...	...	12

The staff at the 31st December consisted of:-

One qualified supervisor

Two assistant supervisors (not qualified)

One general assistant

One domestic (part-time)

Attendance at "The Crest" is voluntary. The children are recommended for attendance after discussion between their parents and a medical officer of the Authority, together with the mental health officer. On admission they are transported to and from the Centre accompanied by a guide, and have their mid-day meal at the Centre. This meal is regarded as an essential part of the social training of the children and is provided by the School Meals Service. The charge made to the parents for the meal is similar to that made to parents of children in special schools. The Centre is open at the same time as primary schools and the average daily attendance is 28. The children are organised into groups and schemes of training planned so that they can make the best use of their limited ability.

On the 25th June an "Open Day" was held for the parents and this gave them an opportunity to see the Centre in action. The children went to a pantomime in February and on an outing in July, accompanied by members of the staff.

The organisation "Friends of the Crest" for parents and interested adults, continued to hold meetings throughout the year. This is of considerable importance because a great deal needs to be done to disseminate interest, spread knowledge, and provide for discussion of the problems affecting mentally handicapped children. The sense of belonging to a group of similarly situated persons is of assistance to parents and certainly these meetings have been well attended and appear to have caused great interest.

## Future Developments

Plans are on foot for the opening early in 1959 of some facilities for the older boys and it is hoped that older girls will be provided for later in the year.

It is obvious that there will need to be some deliberation about the functions of "The Crest" if the Mental Health Bill becomes an Act, so that full facilities can exist to cater for adults.

PART III

INFECTIOUS DISEASES

Incidence and Mortality

Tuberculosis

Venereal Disease

## Incidence

There are 326 cases of notifiable disease, other than tuberculosis, notified or otherwise ascertained during the year. After revision of diagnosis this figure fell to 319.

The following table gives the number of notifications of notifiable disease after correction of diagnosis during each of the last ten years:-

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Diphtheria ...	7	-	3	2	7	-	1	-	-	-
Dysentery ...	-	-	19	3	10	26	3	57	109	7
Acute encephalitis ...	1	-	-	-	-	-	-	-	1	-
Enteric or typhoid fever	-	-	-	-	-	1	-	-	1	1
Erysipelas ...	6	7	1	2	2	2	2	1	1	2
Measles ...	805	141	1796	644	373	570	994	25	1855	227
Meningococcal infection ...	3	1	5	4	5	7	4	3	2	1
Ophthalmia neonatorum ...	3	2	1	-	1	-	2	1	1	1
Pneumonia ...	36	27	25	10	9	7	21	10	34	12
Poliomyelitis: Paralytic ...	2	12	2	6	-	6	5	2	5	-
Non-Paralytic	-	3	-	3	3	-	2	2	1	-
Puerperal pyrexia ...	11	15	27	42	11	10	9	2	4	-
Scarlet fever	94	93	51	78	77	51	65	28	17	41
Smallpox ...	-	-	-	-	-	-	-	-	-	-
Whooping cough	225	256	241	374	455	124	69	223	176	25
Paratyphoid fevers ...	-	-	2	-	-	1	1	-	-	-
Suspected food poisoning ...	-	-	-	2	4	1	65	33	46	2

## Deaths from Infectious Diseases

The following table shows the deaths attributable wholly or in part to infectious diseases during the last ten years:-

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Diphtheria...	2	-	-	-	-	-	-	-	-	-
Dysentery and gastro-enteritis ...	20	4	6	2	2	1	2	1	-	4
Acute infectious encephalitis	2	-	-	2	3	-	-	-	1	-
Meningococcal meningitis ...	-	-	-	2	-	1	1	-	-	1
Poliomyelitis	-	-	-	-	-	-	2	-	-	-
Whooping cough	6	1	-	1	-	-	1	-	-	-
Tuberculosis:										
Pulmonary	66	50	39	27	27	32	30	15	13	19
Non-Pulmonary	10	3	4	4	6	3	2	2	3	-



## **Diphtheria**

For the third year there was no notification of a case of this disease, and it is ten years since the last death.

## **Dysentery**

A total of 7 cases of dysentery was notified during the year. This is a substantial decrease on the number notified last year. The disease was due to the Sonne variety of the organism.

## **Enteric Fever**

One case of enteric fever was notified - this was in an Indian who developed typhoid fever in a hospital in the Borough, but whose normal place of residence was in an adjoining district.

## **Erysipelas**

Two cases of erysipelas were notified. It is doubtful what point is served by notification of this disease.

## **Measles**

A total of 227 cases of measles was notified compared with 1,855 in the year previously. This was to be expected as 1957 was an epidemic year.

## **Meningococcal Infection**

This was notifiable originally as cerebro spinal fever, the alteration to meningococcal infection taking place in 1950. One case was notified during the year and he made an uneventful recovery.

## **Ophthalmia Neonatorum**

Only one case was notified. The disease was mild and recovery uneventful and complete.

## **Pneumonia**

Twelve cases of pneumonia were notified. This notification cannot be taken to indicate the prevalence of pneumonia in the town because the only forms of pneumonia notifiable are acute primary and influenzal. Broncho-pneumonia (which is common) is not a notifiable disease.

## **Poliomyelitis**

No case of poliomyelitis was notified in the borough during the year. A total of 7 tentative diagnoses of the disease was made but the final conclusion in all these cases was that some other disease was responsible for the patient's condition and not poliomyelitis.

## **Puerperal Pyrexia**

No cases of puerperal pyrexia were notified during the year.

## Scarlet Fever

A total of 41 cases of scarlet fever was notified during the year - of these 9 were admitted to hospital. Scarlet fever still continues to be a mild disease and the figures in all probability do not indicate the true incidence as notification is likely to be incomplete. It is doubtful if notification of scarlet fever in members of the general public serves any useful purpose.

## Whooping Cough

A total of 25 cases of whooping cough was notified. The following table shows the age groups affected:-

	<i>Under 1 year</i>	<i>1 - 4 years</i>	<i>5 - 9 years</i>	<i>10- 14 years</i>	<i>Over 14 years</i>	<i>Total</i>
Male     ...     ...	1	8	2	-	-	11
Female   ...     ...	1	12	1	-	-	14

It is most probable that this is a substantial underestimate of the prevalence of the disease in the Borough, as notification is likely to be incomplete.

## Suspected Food Poisoning

A total of two cases of food poisoning was ascertained during the year. Neither of these was formally notified. They were persons who had consumed some tinned tongue, originally Australian but opened and sold at a shop in the Borough. Fragments of the tongue and specimens from the persons showed that the infection was probably due to *staphylococcus aureus*. An inspection of the staff at the shop where the material was sold failed to reveal any person carrying this organism. Both the cases had a short, sharp illness and made a satisfactory recovery very quickly.

## Malaria

Notification was received of two cases of malaria. The first was in a man aged 25 and the second in a woman aged 19. Both of these patients were coloured people from abroad and it is likely the disease was contracted before they came to this country.

## Encephalitis

There was no case of encephalitis notified during the year.



## Tuberculosis

I am indebted to Dr. C.W.D. Cole, the Chest Physician, for the following report on tuberculosis:-

The anti-tuberculosis service continued its activities throughout 1958 in very much the same way as in the previous two years. The Chest Clinic, situated in the grounds of Heath Lane Hospital, was fully staffed throughout most of the year and this has assisted considerably in its smooth functioning. There has been a total of well over 8,500 attendances during the year. A total of 794 persons attended for the first time.

The figures for 1958 show that in the County Borough of West Bromwich, 36 men, 20 women and 6 children were found to be suffering from respiratory tuberculosis. A further 2 men, 2 women and 7 children were found to be suffering from non-respiratory tuberculosis. Nine tuberculous persons previously notified came to live in the Borough during 1958; 2 men and 4 women with respiratory tuberculosis and 2 men and 1 woman with non-respiratory tuberculosis. This represents an increase of 1 case upon 1957.

A total of 15 men and 4 women died of tuberculosis during the year. This is three less than in 1957.

A total of 11 men, 16 women and 1 child were removed from the records as being completely cured of their tuberculosis, having undergone a prolonged period of post treatment supervision.

### INCIDENCE DURING 1958

The trend both nationally and throughout the world has been for the deaths from tuberculosis to fall. It is true, however, to say that this fall has been infinitesimal in most of the countries that are highly civilized and have a good standard of life. The number of new cases coming to light has tended to rise slightly throughout the British Isles and indeed throughout Western Europe. Once again the rise has been very small and is, I think, of no great significance.

The advent of potent antibiotics has made the death rate very much less than it used to be and has enabled the service to be more selective in its attack. Previously most areas found themselves just able to cope but now every area can make a concentrated attack on the "black spots".

Bearing this in mind, it is interesting to analyse the deaths from tuberculosis in this Borough. In 1958 no persons of either sex died from any form of tuberculosis before the age of 25 years. One woman died between 25 and 45 years; one between 45 and 65 years, and two were more than 65 years of age when they died. Of the men, 3 died between 25 and 45 years; 7 between 45 and 65 years, and 5 were over 65 when they died. It is obvious, therefore, that tuberculosis is a very much more serious condition in persons over the age of 45 years.



Reviewing the new cases diagnosed during the year it is seen that of the 6 children with respiratory tuberculosis, 4 occurred in a family where a previous case was already known to exist. None of the glandular tuberculous cases occurred in such a family. Of the cases of respiratory tuberculosis occurring before the age of 45 years, only 6 of them were regarded as being gravely ill on diagnosis, and of that 6, 4 were women. One woman aged 85 years was not notified before her death.

During 1958, therefore, a "blitz" was carried out on a number of patients who were known to be suffering from chronic pulmonary tuberculosis in an endeavour to cut down the pool of potential infectors and I am happy to say that with only two exceptions these patients co-operated fully. Six of them were subjected to surgical treatment for their conditions and five of these patients are now out of hospital and apparently well. None of them have a positive sputum. The sixth patient died some eight weeks after having her operation.

The same type of action will be pursued in 1959, but it should be realised that the results to be expected may well not show themselves for a number of years. Another line of attack is in directing one's efforts towards improving the environmental conditions of the cases. In this field I have to report that 1958 has been a little disappointing. Houses have been in very short supply in the Borough, as they have all over the country. Towards the end of the year there was a good deal of unemployment and short-time working and this meant that the standard of life fell in a number of tuberculous families.

Eleven families were housed by the Corporation urgently because of tuberculosis and a further 21 families with a case of tuberculosis in the family were rehoused, having been granted some extra priority on the grounds of there being a notified case within the family circle. The Housing Committee has always given, and continues to give, the closest individual scrutiny to every case put forward on health grounds. It is quite obvious that with housing in its present shortage every case of tuberculosis cannot possibly expect to be rehoused when diagnosed, but I am satisfied that these families do receive a very fair allocation of houses under the Corporation's scheme. Furthermore, it has been possible to help a number of families by facilitating exchanges and there is no doubt that in certain cases this has proved a boon. The group most hardly hit by the housing shortage is the younger married couples with perhaps a single young child. It is to be hoped that this type of case will be able to have a better chance of being rehoused later on when the slum clearance has been completed.

Another very potent factor in the control of tuberculosis is the work of the school medical department. The modern school child is better cared for medically than he has ever been. He is subjected to regular compulsory medical examination and is also able to take advantage of the advice offered by the school medical officers in addition to the facilities for him by his own family doctor. The

school health service has always worked in close association with the Chest Physician and I am very happy to say that this liaison has continued throughout 1958. It has been possible by this means to modify the hours and type of schooling given to certain children newly convalescent from tuberculosis.

It seems then a national characteristic to find and build up an excellent preventive organisation such as B.C.G. vaccination against tuberculosis and the Mass Miniature Radiography Service, and then to start a whispering campaign of denigration. Both these services have come in for rather more than their fair share of "knocking" during 1958. B.C.G. Vaccination is offered by the County Borough authorities to all suitable school children between the ages of 13 and 14 years, and to certain selected contacts of notified cases of tuberculosis by the Chest Clinic. To my mind this vaccination is an absolutely first-rate procedure and in suitable cases it can give a good deal of protection to children against tuberculosis when they most need it. It carries little or no risk of complications and can, of course, be repeated in certain very rare instances if desirable.

The Mass Miniature Radiography Service has in the past rendered sterling service in the case finding of tuberculosis. There is no doubt that its field of activity is becoming progressively narrowed and there may well be an argument for its redeployment away from areas with good hospital facilities and many doctors, to those less fortunate. Scares about danger from radiation, whilst not to be disregarded or taken too lightly, must be put into their proper perspective. The risks to a patient of developing certain forms of leukaemia due to X-rays are microscopic compared with the risk of missing cases of tuberculosis or cancer of the lung.

One of the most worrying features of 1958 has been the continued rise in the incidence and mortality from primary cancer of the lung. At the Chest Clinic never a week seems to go by without some fresh sufferer from this complaint attending the out-patient's department. Regrettably the majority of these people present themselves when surgery is impracticable. It cannot be too strongly stressed that undue tiredness, unexplained loss of weight, sudden dyspnoea associated with a pain in the chest, with or without cough, requires urgent investigation in any man over the age of 40 years.

Statistics have revealed a very close correlation between tobacco consumption and carcinoma of the respiratory tract and stomach. In my opinion, parents and school teachers are failing in their duty if they fail to make teenagers aware of these facts. No efforts should be spared to encourage a young person not to take up smoking. If the consumption of cigarettes continues to rise, I believe so will deaths from cancer of the lung and stomach.

The contacts of all notified cases of tuberculosis have been invited to attend the Chest Clinic for clinical



and radiological examination, and this offer has been accepted in almost every case. It is hoped to extend the contact service a little in 1959, with the co-operation of certain employers, so that it will be possible to examine the workmates of certain infectious cases. The anti-tuberculosis health visitors visit the homes of notified cases and are often able to give much valuable advice. A reorganisation of the anti-tuberculosis health visiting services has taken place and it is hoped that this will result in benefit to the patients.

The voluntary After-Care Committee has continued with its work and has been of quite exceptional assistance during the year. Furthermore, patients from the clinic have been helped by the Soroptomists, the Rotary Club and the Round Table. The Assistance Board has a statutory duty towards those in need, but locally this duty is carried out with efficiency, kindness and consideration, so that patients are helped to the maximum and not embarrassed at all.

Finally I would like to report that throughout 1958 the liaison between the Chest Clinic and the Health Department has been such that it is a very real pleasure to work together, and where there is such close harmony of views and objectives the patients cannot fail to derive benefit from the work of the two Departments."

It is a pleasure to record my thanks to Dr. Cole, who, as in previous years, has worked in close conjunction with the staff of the Health Department and taken so great an interest in the preventive aspect of his work with tuberculosis.

The Health Committee provides free milk and other nourishment to tuberculous patients who are recommended as needing such help.

Dr. Cole is employed for 2/11ths of his time in after-care work for the Council, who also employ two full-time tuberculosis visitors on the after-care of patients and the prevention of illness.

The staffing of the Chest Clinic is a matter for the hospital authorities and the deployment of mass miniature radiography units for the Regional Hospital Board.

## OTHER DISEASES

### Venereal Diseases

Details of the cases of venereal disease in West Bromwich residents treated during 1958 at the General Hospital, Birmingham, and the Guest Hospital, Dudley, are given below:-

	<i>Birmingham</i>	<i>Dudley</i>	<i>Total</i>
Syphilis ... ..	2	1	3
Gonorrhoea ... ..	29	3	32
Conditions other than venereal ... ..	50	4	54
	<u>81</u>	<u>8</u>	<u>89</u>



The following table shows the number of cases from West Bromwich during the last five years: -

	1954	1955	1956	1957	1958
Syphilis ... ..	4	2	7	12	3
Gonorrhoea ... ..	16	14	55	47	32
Conditions other than venereal ... ..	65	33	69	68	54
	85	49	131	127	89

There is a substantial rise in the number of cases of gonorrhoea since 1954.

### Pneumoconiosis

Although pneumoconiosis is not notifiable to the local authority but is an industrial disease, it is one which affects West Bromwich particularly in view of the large number of foundries.

It is unfortunate that no statutory arrangements exist for a direct interest by the local authority in a disease so obviously of local importance, particularly as many members of the Council from personal experience are interested in the matter.

Dr. C.W.D. Cole, the Chest Physician, has taken a great interest in the disease, and he comments as follows: -

"Another pulmonary condition which has in the past caused a good deal of ill-formed disquiet locally has been pneumoconiosis. This industrial condition is to be found in a few geographical areas throughout Britain, and associated with certain trades and practices carried on in those areas. West Bromwich is one of these areas and the foundry trade has contributed a number of cases locally. During 1958 three foundries went in for extensive dust control measures for which their employees are grateful. There is no doubt, however, that much remains to be done and whilst foundry work will never be a collar and tie occupation, there is no excuse for absolutely filthy working conditions. In a number of centres a good deal of research is going on into this problem and there is every reason to believe that the risks to the workers' lungs in the foundry trade are falling year by year."



**PART IV**

**ADDITIONAL INFORMATION**

**Health Education**

**Re-housing on Medical Grounds**

**Medical Examinations**

**Nursing Homes**

**Co-ordination of Services dealing with  
Child Neglect**

**Welfare of Immigrants**

**Cost of the Services**



## **Health Education**

Leaflets, posters and pamphlets were available in clinics and in the Health Department, drawing attention to various aspects of health.

The medical staff gave a number of talks to various organisations in the town on matters connected with public health and a film strip projector and a small library of film strips were available in the department.

A series of lectures on care of the feet was given to nurses, teachers and school children in the early part of the year by a speaker from the Central Council for Health Education. The Medical Officer of Health and the Chief Nursing Officer both gave lectures to student nurses on the general health and welfare services of local authorities.

The Minister has asked for a report of action taken with regard to smoking and cancer of the lung. A syllabus for use in schools was drawn up on the general physiological principles of respiration and the effect of smoking, and this was available for use in the Authority's schools as part of the normal curriculum of education.

It is depressing to record the small efforts in health education. This medium is a technique on its own and can hardly be run as a part-time activity of the local health authority. We need to look carefully and to take help from the commercial advertising field. We know surprisingly little of the needs of the public in health education, and when the highly developed commercial field is contemplated it is obvious that our efforts do not get very far.

## **Rehousing on Medical Grounds**

The number of persons on the Housing Register who applied for special consideration for re-housing on medical grounds remained high, there being a total of 313 applications in 1957 and 233 new cases in 1958. Practically all cases were interviewed, some more than once, and in many, home visits were made. Medical certificates accompanied a large number of the applications and in some cases there were letters from family doctors or consultants.

During 1958 one-ninth of the applications came from overcrowded households, but consideration was given only to those where there was illness in addition to the overcrowding. Approximately one-seventh of the cases were based on the bad condition of the property and these were referred to the Chief Public Health Inspector for his consideration.

Fifteen cases were based on mental health, and 14 on severe illness, 23 involved mild illness only, and in 40 applications, no case existed.

When tenants in Corporation property wish to move to other types of accommodation and are able to arrange a suitable exchange themselves, the Housing Manager will usually assist the exchange. If, however, they request to be moved on medical grounds, the

Medical Officer of Health is asked to investigate. Thirty-three such applications were considered during the year and exchanges recommended in 7 cases, all of which were transferred.

Of all cases investigated, 25 had reasonably strong medical grounds. Of these 25, eighteen were recommended to the House (Lettings) Sub-Committee for re-housing and all were approved, but six had not been re-housed by the end of 1958 for various reasons. Seven were the exchanges mentioned above.

The re-housing of tuberculous patients continues to be dealt with by Dr. Cole, the Chest Physician. He recommends cases of dangerous infection to the Housing Committee, and in 1958 11 such cases were dealt with.

## MEDICAL EXAMINATIONS

### Children's Department

The medical staff of the Health Department are responsible for the routine medical supervision of children in the care of the local authority. Medical officers see these children prior to admission and just before discharge. They also pay regular visits to the Charlemont Nursery and Reception Home and visit the Family Group Homes. Altogether 234 medical examinations were carried out and these can be classified as follows: -

	<i>Reception Home</i>	<i>Nursery</i>	<i>Family Group Home</i>
Number of children examined on admission	20	5	6
Number of children examined for boarding out ... ..	6	-	2
Number of children examined on discharge	31	14	5
Number of routine examinations:-			
0-1 year... ..	-	54	-
1-5 years ... ..	8	34	4
Over 5 years ... ..	50	-	17

Three routine visits were made to the Reception Home, sixteen to the Nursery and one to each of the Family Group Homes.

### Corporation Staff

The Medical Officer of Health and his staff are responsible for medical examinations in connection with the superannuation and sickness and accident schemes. This forms a substantial part of the work of the department but unfortunately changes of medical staff have caused difficulty. The work done during the year was as follows: -

#### EXAMINATION FOR SUPERANNUATION

Number of examinations ... ..	113
Failed... ..	3
Accepted ... ..	109
Left the service of Corporation ... ..	1

#### EXAMINATION FOR SICKNESS AND ACCIDENT SCHEME

Number of examinations ... ..	253
Failed... ..	11
Number Accepted ... ..	223
Deferred for re-examination ... ..	19
Awaiting re-examination ... ..	12
Left the service of the Corporation ..	1
Subsequently accepted on re-examination ...	6

#### TEACHING STAFF

Examination of prospective teachers ... ..	53
Medical examination for other purposes ...	11



## Nursing Homes

There are two nursing homes in West Bromwich registered under the provisions of the Public Health Act, 1936, providing between them 32 beds for acute and chronically ill cases. They are used substantially for the chronic case. In both homes there have been some change of staff during the year. The homes have been inspected and found reasonably satisfactory.

### Co-ordination of Services dealing with Child Neglect

Since December, 1953, regular meetings of officers have been held in accordance with the suggestions of a joint circular issued by the Home Office, Ministry of Health and the Ministry of Education. The Medical Officer of Health has been designated as co-ordinating officer, and the following officers are represented at these meetings:-

The Area Officer, National Assistance Board

The Chief Nursing Officer, Health Department

The Children's Officer

The Director of Education

The Educational Psychologist.

The Housing Manager

The Moral Welfare Worker, Lichfield Diocesan Association

The N.S.P.C.C. Inspector

The Probation Officer

Representative of Town Clerk's Department

Meetings took place regularly at monthly intervals under the Chairmanship of the Medical Officer of Health and endeavoured to fulfil three objects.

First to provide a method for the dissemination of information between the various departments interested in the problems of one particular child.

Secondly, to provide an opportunity for the discussion of the problems of a particular family with children with a view to pooling experience and working out, where possible, methods of dealing with the family and avoiding overlapping visits from different departments.

Thirdly, to provide for the opportunity of personal contact between field officers engaged in social work of different departments who otherwise might meet very infrequently although their work would benefit from such contact.

It is difficult to assess the results in work of this nature but there were encouraging signs of progress in certain families which at one time appeared to be on the verge of breakdown and have been partly or wholly rehabilitated.

The results for 1958 are as follows:-

Number of families known to the meeting	...	100
Number of families on the live register at the beginning of the year involving 126 children	... ..	22
Number of families added to the register during the year involving 27 children	... ..	8
Total number of families considered during the year involving 184 children	... ..	35

The two selected home helps have continued to work with problem families during the year. It is interesting to note that the six families assisted by them have been kept more or less out of difficulty. To give examples:-

"This family consists of mother, father and four children under ten living in a Corporation house. The father is in employment but the mother is completely unable to cope due to mental handicap. The worker is needed for 15½ hours per week at present, endeavouring to teach the mother how to manage the housework - her withdrawal results in deterioration. In the past they have caused difficulty with rent arrears, school absence, dirty ill-kept house and children. Whilst the worker is present there is no trouble."

"This family consists of father, mother and ten children. The children were originally in care after an eviction. The N.S.P.C.C. were interested and there were fines for non-attendance at school, arrears of rent, and an extremely dirty house. They were receiving nine hours help per week. There were no rent arrears, a little truancy by one boy, and some difficulty with finance due to a boy losing his job. Rehousing and the teaching of the mother by the worker is keeping this family socially above water."

"This particular family consists of father, mother and seven children, one of whom was burnt in the absence of a fire guard. Originally the father was on probation, there were rent arrears amounting to nearly £20 with costs, one child was appearing before the juvenile court, the father was unfit to work, and the N.S.P.C.C. were considering action for child neglect. The family worker has been with this family for two years, and had the greatest difficulty in overcoming the hostility of the mother. At present the father is working, there are very small arrears of rent and costs, the mother is managing well providing she has five hours a week assistance. She is expecting another baby. The removal of the help means the family slip backwards."

"This family consists of mother, father and seven children, and the illegitimate baby of the eldest girl,



living in a Council house. The father never works except for an occasional day. This was a terrible home, with little furniture, rent arrears, most unsatisfactory school attendance, two children on probation, threatened eviction, and the father had been to prison. A variety of social agencies were concerned. The family worker has been here for nearly two years but now she attends for only one hour a week. There are no arrears of rent, school attendance is good, there are no further appearances before the Court, and the furniture is now satisfactory. Unfortunately the family is not very stable and there is marital trouble between the father and the mother.

It can be stated that these people have been altered from a constant social problem into one which gives little trouble but needs a certain amount of watching. It is obvious from this description that what has been done is namely to keep the family's head above water and to reduce the burden they cause to the social services, together with an improvement in the material and emotional atmosphere of the home which may mitigate to some degree the effects of this type of environment on the children."

Of the 35 families known to the Co-ordinating Officer as presenting major problems, 16 are still discussed regularly, eight are kept on the active list for observation by a department and then discussed when necessary, and eleven have been removed from the active list.

### **Welfare of Immigrants from Overseas**

I am indebted to Mr. Geoffrey Ayre, the Welfare Liaison Officer of the Commonwealth Welfare Council for the West Midlands, for information concerning the particular problems connected with the welfare of immigrants from the Commonwealth.

The Commonwealth Welfare Council is a voluntary body supported by many local authorities in the West Midlands area. It employs a Welfare Liaison Officer who undertakes five types of work, viz.,

1. Social case work.
2. Assistance to local authority departments and voluntary and official bodies dealing with cases involving immigrants from overseas.
3. Advising these bodies on general problems.
4. Initiating projects of benefit to the immigrants - these may involve the co-operation of more than one local authority.
5. Attempting to break down racial barriers and build up a better understanding between the local community and the immigrants.

The number of immigrants is difficult to obtain because, naturally, they are treated as ordinary residents of the borough. A special survey undertaken in 1956 revealed that at that time



838 were living in the town. There is a constant movement of individuals, depending on employment facilities, for they tend to be much more mobile than the average native-born worker.

An interesting trend during the year is the increase in the number of women and children coming to join their men folk, and this would appear to indicate that the Indian and Caribbean communities are developing a sense of security and beginning to settle down. This has the advantage of meaning an improvement in home conditions and it is hoped a reduction in the tensions which develop when men from the Commonwealth are obliged to compete with Englishmen for female companionship.

It would seem that in West Bromwich, at the moment, the numbers of Indians and West Indians are about equal, with a small group of Pakistanis. The number of men arriving from India and Pakistan has fallen very much as the two governments have placed restrictions on travel to this country.

The personal welfare problems of immigrants have occupied a considerable time of the Welfare Liaison Officer. In the twelve months under review he has dealt with 360 individuals with social problems, and 135 cases brought by local authority departments or other organisations, making a total of 495 in all. Apart from this case work, between 700 and 800 other enquiries have been made, and he has given over 2,000 interviews and paid 300 home visits. This work has also involved approximately 950 letters and over 300 telephone calls. The amount of travelling undertaken in the course of his duties has equalled the distance from London to Capetown and back.

It is interesting to note the variety of matters that were brought to his notice and which must, therefore, cause difficulty to immigrants from overseas faced with the problems of living in this country. Apart from matters of repatriation, the problems of housing, marital matters, dealing with the various social services, and problems of employment which in themselves are considerable on the case work side, he has had requests from various agencies for interpreters, has assisted in tracing the relatives of immigrants who have died, the checking of the names of Pakistani and Indian persons on local voters registers, and obtaining the birth dates of Indian children for schools. Requests have been dealt with concerning the problems of Moslem burial grounds, Indian films, and various sports activities. The Commonwealth Welfare Council has opened a centre in Wolverhampton for recreational purposes, and has worked in close association with the representatives of the various Commonwealth countries.

It will be seen from this report that a considerable amount of special work has been done in dealing with the problems of immigrants from overseas through the agency of the Commonwealth Welfare Council and this has provided a particular service in addition to the normal social services in the area and one which has assisted in dealing with a situation that potentially is full of social problems.

### **Cost of the Services**

The cost of the services provided under the National Health Service Act, the National Assistance Act, and other health services

during the year, is shown compared with the cost of the previous nine years in the following table.

Year	National Health Service Act, 1946		National Assistance Act, 1948		Other Health Services	
	Gross Cost	Net Cost	Gross Cost	Net Cost	Gross Cost	Net Cost
	£	£	£	£	£	£
1948-49	25,520	11,974	12,435	8,357	52,066	45,029
1949-50	39,263	17,706	18,164	12,277	50,334	43,995
1950-51	48,913	21,768	16,740	11,192	54,062	48,212
1951-52	53,817	21,977	18,708	13,517	62,567	52,204
1952-53	60,493	26,398	23,936	16,114	66,993	60,007
1953-54	61,911	27,794	24,479	15,693	71,418	66,048
1954-55	64,535	29,777	28,781	19,449	70,082	66,150
1955-56	69,931	32,766	32,298	21,232	84,079	77,908
1956-57	81,294	38,249	36,823	25,481	91,861	81,693
1957-58	86,862	40,109	46,559	31,623	98,772	87,123





**PART V**

**WELFARE SERVICES**

**Care of the Aged**

**Care of the Handicapped**

**Other Welfare Services**

## General Arrangements

The Authority's functions under the National Assistance Act 1948 are discharged through the Welfare Services Committee. The administration is under the direction of the Chief Welfare Officer who is the Medical Officer of Health. He was assisted during the year by three welfare officers, two occupational therapists, seven wardens and eight full-time and twelve part-time staff at the homes together with a part-time store-keeper/clerk for the occupational therapy service.

The clerical administration is joint between the health and welfare services.

During the year, the service was handicapped by shortage of welfare officers. Applicants for the posts were not of the calibre necessary in so personal a service.

The existing establishment was thought to be too small in relation to the need for welfare service, and the Committee considered an increase in stages of at least a year each to provide ultimately for one senior welfare officer, eight welfare officers, two occupational therapists, two craft instructors, one storeman/clerk and a warden for the proposed new centre for the handicapped. This will be implemented gradually starting in 1959.

Duties relating to the blind were carried out by the agency of the Birmingham Royal Institute for the Blind and those relating to the deaf and dumb by the Church Mission to the Deaf and Dumb, Walsall, on behalf of the Council.

## CARE OF THE AGED

### Incidence

The 1951 census showed that for people aged 65 years and over the numbers in the borough were as follows:-

<i>Age Group</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
65 - 69 years ...	1,265	1,628	2,893
70 - 74 " ...	932	1,287	2,219
75 - 79 " ...	607	846	1,453
80 - 84 " ...	216	342	558
85 - 89 " ...	61	112	173
90 - 94 " ...	6	25	31
95 years and over	1	7	8

### Residential Accommodation

Accommodation under Part III of the National Assistance Act is provided directly by the Council at:-

"The Hawthorns", Green Lane, for 22 elderly ladies.

"Beech Holme", Beeches Road, for 20 elderly men.

"Lyndon House", Lyndon, for 17 elderly persons of either sex.

"Greenside House", Yew Tree Estate, for 43 elderly persons of either sex.

"Lyndon House", "The Hawthorns" and "Beech Holme" are converted private houses. "Greenside House" is a purpose-built home opened in 1957. In addition to this provision, by arrangement with the Wolverhampton Corporation, beds for elderly persons can be made available at "The Poplars", New Cross, Wolverhampton.

At the end of the year the number of residents in the Homes was as follows: -

				<i>Men</i>	<i>Women</i>
"The Hawthorns"	...	...	...	-	22
"Lyndon House"	...	...	...	4	11
"Beech Holme"	...	...	...	16	-
"Greenside House"	...	...	...	18	20
"The Poplars"	...	...	...	8	4

At the end of the year the waiting list was as follows: -

				<i>Men</i>	<i>Women</i>
Requiring 'ground floor'					
accommodation	...	...	...	2	6
Requiring accommodation	...	...	...	1	7

Admissions are made on the decision of the Chairman or Deputy Chairman of the Committee with the advice of the Chief Welfare Officer.

The Homes are all comfortable, pleasant places, and are regarded as the permanent home of the residents, in which they can do what they like (unless, of course, it is anti-social). Rules are therefore kept to the minimum and visiting can occur at any reasonable time. Free choice of doctor is encouraged. For the convenience of those who wish it, the services of a hairdresser and a chiropodist are provided.

As well as people maintained in Homes run directly by the Council there are others who for various reasons are maintained in local authority and voluntary homes elsewhere. These are as follows: -

				<i>Men</i>	<i>Women</i>
Cleveland Rd. Hostel, Wolverhampton				-	1
Cowley Home, Birmingham.	...	...		-	1
Christadelphian Nursing Home,					
Birmingham	...	...	...	-	1
Fred Evans Home, Walsall	...	...		-	1
Fir Vale Infirmary	...	...	...	1	-
Hampton Grange, Hereford	...	...		1	-
Highbury Hall, Birmingham	...	...		-	1
Hill Crest, Smethwick...	...	...		-	1
St. Mary's Home, Stone	...	...		-	1
Tate House, Harrogate...	...	...		1	-

Arrangements are made directly by the Committee for holidays



of residents in the Homes, and during 1958, 32 people went to Blackpool, staying in two hotels, and accompanied by a member of the staff. Two local Blackpool doctors agreed to be on call for the length of the stay, though their services were fortunately not required.

Also during the year there were regular film shows and other entertainment at the Homes, and a combined Christmas party was held at "Greenside House" for residents of all the Homes. Individual Christmas cards and individual presents were also provided, together with additional pocket money to enable the residents to purchase their own gifts. The birthday card scheme was continued so that every old person in care on his or her birthday received a card from the Welfare Services Committee. Extra amenities such as beer, tobacco or cigarettes or sweets were also given.

### Finance

The full financial charge to the Council per resident at directly maintained Homes was estimated at £5.6.0d. per week. At the 31st December 1958, 69 residents without private means were paying the minimum charge of £2. a week, while 14 were paying a proportion of the full charge and 6 were paying the full amount. Each resident received a minimum of 10/- per week pocket money and in addition three were given amounts up to 5/- a week in return for small services in or around the Homes which they did of their own free will.

The following table gives a summary of accommodation during the financial year 1958/9:-

			<i>Beech Holme</i>	<i>Lyndon House</i>	<i>The Hawthorns*</i>	<i>Greenside House*</i>
Number of beds	...	...	20	17	22	43
Percentage of beds occupied	...	...	69.1	85.9	94.8	90.2
No. of admissions...	...	...	8	11	4	15
No. of discharges...	...	...	3	6	1	3
No. of deaths	...	...	3	4	2	8

\*From July the number of beds in "Greenside House" was increased from 42 to 43.

From November the number of beds in "The Hawthorns" was increased from 21 to 22.

### Care in the Community

With an additional Welfare Officer bringing the number up to three, it was still not possible to maintain a regular visiting service to all old people known to be living alone, and problems were dealt with as they arose. One great difficulty is to find out those in need and though some come to our notice through family doctors, councillors, other social workers and the general

public, there must be many who do not. Often too, old people are unaware of how to get in touch with the services laid on to help them, either by the local authority or other social agencies. These can include home help, 'meals on wheels', chiropody services, or even regular voluntary visits, any or all of which may help to maintain their independence in their own home. It would help if more members of the public would draw the attention of the Department to cases known to them.

It is unfortunate that the National Assistance Act did not give wider powers to the local authority to provide services for the elderly direct. The voluntary organisations in West Bromwich undoubtedly make an excellent contribution to the welfare of the elderly, but the number of persons willing to provide voluntarily their services to such organisations seems limited, and the need is so great. In West Bromwich it is pleasant to record that voluntary and statutory agencies can work alongside each other making their contributions to the common need, and if this can be done for the physically handicapped it seems illogical to limit the local authority to the provision directly of residential accommodation for the elderly.

### Social Facilities

The West Bromwich Old People's Welfare Committee Co-ordinated the activities for social facilities for the elderly living in their own homes and a total of eight old people's clubs was active in the Borough with a membership of approximately 900.

### Meals on Wheels

The Women's Voluntary Services continued this service, and an average of 86 - 90 two-course meals were given weekly. During the year it was decided to give patients the option of a further meal per week and a two meal service was established where necessary.

The Council made a grant to the Service and meals were purchased from the Civic Restaurant at 1/9d. each. The cost to each recipient was 8d. and a total of 3,000 dinners was supplied.

### Chiropody

The West Bromwich Old People's Welfare Committee have arrangements for a chiropodist to attend at the Highfields, Stone Cross and Yew Tree Infant Welfare Centres and at Trinity Road Social Centre. The number of treatments carried out in recent years was as follows:-

1954	...	...	...	936
1955	...	...	...	875
1956	...	...	...	999
1957	...	...	...	1,716
1958	...	...	...	1,800

Part of the cost of the service is defrayed by a grant from the National Corporation for the Care of the Elderly. The Authority makes a grant to the West Bromwich Old People's Welfare Committee for general expenses.

Old People in residential accommodation provided by the Corporation have the facility of a chiropodist calling at the Homes at regular intervals.

### **What of the Future ?**

There is a particular need to provide some social contact for the homebound elderly, by way of day centres with transport: The housing of the elderly also needs special consideration, in particular, by providing a warden to groups of dwellings to keep a friendly eye on things in general and help in need. Accommodation in Homes will, I consider, be principally for much frailer persons, for however good a Home can be it does not seem to be what elderly persons require.



## CARE OF THE HANDICAPPED

### The Blind

#### Incidence

The number of registered blind persons in the borough is shown in age group in the following table:-

0-1 year	2-4 years	5-15 years	16-20 years	21-39 years	40-49 years	50-64 years	65-69 years	70 years & over
M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
- -	- -	2 -	4 -	4 2	7 3	11 13	5 6	31 35

During the year seven men and nine women were certified as blind and two people (2 men) were transferred into the district. One youth was transferred from the children's register to the adult's register.

The following table shows the diagnosis of cases registered, those recommended for treatment and the number taking advantage of treatment:-

#### Cause of Disability Cataract    Glaucoma    Others

Number of cases registered  
of which paragraph 7 (c) of  
Form B.D.S. recommends:

(i) No treatment	1	-	3
(ii) Treatment (medical surgical or optical)	7	1	4

Five blind men and eleven blind women died during the year.

#### Residential Care

The Council does not run residential homes for the blind but uses those provided by voluntary agencies and other local authorities.

The following table shows the number of persons for whom West Bromwich is responsible who are living in residential homes for the blind:-

	Voluntary Agencies		Local Authorities	
	M.	F.	M.	F.
Blind	-	1	2	-
Deaf Blind	1	-	-	-

## Care in the Community

The Birmingham Royal Institution for the Blind acts as the Council's agent for the provision of care in the community for blind persons and also for the provision of employment in workshops through their arrangements with the City of Birmingham Blind Workshops. The Royal Institution for the Blind also provides facilities for handicraft classes, home teaching and social recreation. The registration of blind persons or of partially sighted persons in the Borough is carried out by the Institution. In West Bromwich there is one home teacher who visits the blind in their own homes and deals with their problems. He holds a social club at the Trinity Road Social Centre which is situated in West Bromwich and is maintained by the Council, and meetings take place every Thursday between the hours of 10.0 a.m. and 5.0 p.m. A group of 10 men and 14 women was instructed by the home teacher in the art of various types of handicraft.

## Employment

The workshops for the blind are situated in Birmingham and serve that city in addition to the county boroughs of Smethwick, West Bromwich and also some county areas. At the end of the year the following people from West Bromwich were in workshop employment: -

### OPEN INDUSTRY OR SELF-EMPLOYED

#### Male

- 1 Labourer in a printing works
- 1 Basket maker
- 1 General dealer
- 1 Licensee
- 1 Assistant foreman in basket shop
- 1 Spring bender
- 1 General labourer
- 1 Craft instructor at B.R.I.B.

### WORKSHOP EMPLOYMENT

#### Men      Women

- |   |  |
|---|--|
| 3 | - Trainees                                       |
| 2 | - Brush making department                        |
| 1 | - Boot repairing department                      |
| 2 | - Mat making department                          |
| 3 | 1 Light assembly department                      |
| 1 | - Piano tuner (goes out from workshop every day) |
| - | 1 Basket department                              |

To become a worker in the workshops with an augmented income, it is necessary to qualify by showing the ability to earn a certain sum. This provision means that some blind persons cannot be provided with employment because they cannot earn the required amount, and the workshops take only the more able blind.

This emphasises the difficulty in all employment schemes for the handicapped, viz. they take those most able to work and leave those who perhaps most need help.

**Holidays**

Grants from the Voluntary Fund of the Birmingham Royal Institution for the Blind were made to 13 blind men, 16 blind women and 24 sighted guides, who arranged their own holidays.

**Blind Persons with other Disabilities**

The following table gives details of blind persons suffering from severe disabilities:-

<i>Deaf</i>	<i>Deaf and Dumb</i>	<i>Hard of Hearing</i>	<i>Mental Defectives</i>	<i>Paralysis</i>
<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>
- 1	1 -	5 1	2 4	4 1

**Partially sighted**

During 1958, four adults (females) were registered as partially sighted. Two persons from the partially sighted register died. The total at the end of the year of partially sighted people in West Bromwich was as follows:-

<i>0-1 year</i>	<i>2-4 years</i>	<i>5-16 years</i>	<i>16-20 years</i>	<i>21-49 years</i>	<i>50-64 years</i>	<i>65-69 years</i>	<i>70 years &amp; over</i>
<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>
- -	- 1	- -	- 1	- 1	1 2	- 1	6 12

The partially sighted are a group for whom comparatively little is done. It is not easy to see what, apart from general welfare, needs to be done, for although the handicap is considerable it is not so detrimental to normal living as is blindness.

**General welfare**

Wireless sets from the Wireless for the Blind Fund have been supplied where necessary as requested. Maintenance and repairs were carried out under arrangements made by the Birmingham Royal Institution for the Blind, the local authority being responsible for the payments.

Subscriptions for the National Library for the Blind were paid in respect of three readers, and two people were in receipt of talking books from the Nuffield Corporation.



## DEAF AND DUMB (INCLUDING THE HARD OF HEARING)

The Church Mission to the Deaf and Dumb in Walsall, Wednesbury and mid-Staffordshire, whose headquarters are in Walsall, is employed as the Council's agent, and at the end of the year a total of 45 adults in West Bromwich was known to and registered by them. In addition the Education Authority knew of 5 deaf and 8 partially deaf children. Arrangements were made through the agency of the Church Mission and their Missioner for assisting deaf and dumb people to gain employment, to learn lip-reading and to use the manual alphabet. The Missioner also visited them and gave general assistance and advice over their problems. Weekly social meetings were held at the Trinity Road Social Centre. Every two weeks the Hard of Hearing Social Club met and catered for 5 West Bromwich and 4 Smethwick residents, together with 8 hearing persons. This club has not been too successful. It is doubtful if this handicap provides enough community interest to make a strong need for social facilities. There was an active sports session and visitors from quite a wide area attended the meetings held for the deaf and dumb.

## PHYSICALLY HANDICAPPED

At the end of the year the number of persons known to be physically handicapped in West Bromwich was 411. This was 2 less than the previous year but represents a more accurate figure as due to an increase in the number of welfare officers, and consequently the number of visits made, it was discovered that a number of people had been dead for some time, and also that some people were not strictly handicapped physically but were, in fact, either mental defectives or in need of psychiatric visiting, and were known to the Mental Health Officer. In view of this their names were removed from the register.

The other result of increased visiting is that 38 new cases have come to light, been visited and finally registered. The exact position in relation to last year is shown in the following table: -

Group	Total 31.12.57	Additions	Deaths	Transferred to:		Total 31.12.58
				Mental Health Officer	Psychiatric Social Worker	
A.	66	10	-	2	6	68
B.	8	1	2	-	-	7
C.	3	-	-	-	-	3
D.	214	27	10	8	12	211
E.	122	-	-	-	-	122
Totals:	413	38	12	10	18	411

The physically handicapped people are grouped into a total of five groups, and these are defined as follows: -

GROUP A. Handicapped persons (other than children) who though possibly needing training for some new occupation are capable of work under ordinary industrial conditions.

- GROUP B. Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions, but who are mobile and capable of work in sheltered workshops.
- GROUP C. Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions and who are insufficiently mobile for work in sheltered workshops but who are capable of work at home.
- GROUP D. Handicapped persons (other than children) who are incapable of, or not available for, work.
- GROUP E. Handicapped persons who are children under the age of 16 years and whose needs are likely to be met under other enactments but for whom the local authority has a general responsibility under Section 29 of the Act.

The 411 cases known to the department can be classified as suffering from disabilities as follows:-

<i>Disability</i>	<i>Group</i>					<i>Total</i>
	<i>A.</i>	<i>B.</i>	<i>C.</i>	<i>D.</i>	<i>E.</i>	
Amputation ... ..	9	-	1	16	-	26
Arthritis and rheumatism ...	-	1	-	49	3	53
Congenital malformations and deformities ...	8	-	-	17	-	25
Diseases of the digestive and genito-urinary systems; of the heart or circulatory system; of the respiratory system (other than tuberculosis of the skin) ... ..	4	1	-	56	41	102
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk; injuries or diseases (other than tuberculosis) of the upper and lower limbs and the spine...	31	2	1	28	18	80
Organic nervous diseases - epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc...	10	3	1	30	37	81
Neurosis, psychosis and mental disorders not included in organic nervous diseases.	1	-	-	3	1	5
Tuberculosis (respiratory)	3	-	-	4	3	10
Tuberculosis (non-respiratory)	1	-	-	3	10	14
Diseases and injuries not specified above ... ..	1	-	-	5	9	15
Totals ...	68	7	3	211	122	411



## **Alterations to Property**

There were no alterations to property to facilitate the movements of handicapped persons during the year.

## **Library Facilities**

Arrangements have been made for co-operation between the Public Library Service and the West Bromwich Association for the Welfare of the Physically Handicapped. Facilities are given for the renewal of books by persons attending the library on behalf of handicapped persons.

## **Social Activities**

The West Bromwich Association for the Welfare of the Physically Handicapped is a strong voluntary association most active in the town, which held regular meetings during the year and raised funds by means of the Alexandra Rose Flag Day and by subscriptions.

The Association provides Christmas parties for both adults and children and a total of 107 children and 100 adults was entertained. Considerable assistance was given by various interested organisations in entertaining and helping to handle the handicapped. The Transport Committee was most generous with help in taking persons to and from these parties. Also, in September 150 physically handicapped persons, together with escorts, had a pleasant day at Rhyl.

The club for the physically handicapped - "The Fellowship of New Horizons" has gone from strength to strength throughout the year, the membership having risen from 24 to 58. As a result of their Harvest Festival they were able to send out 21 parcels of produce to the housebound handicapped, and at Christmas they sent out 22 parcels of mixed groceries to the housebound.

A great many of the handicapped have to be transported to and from the club and this is undertaken by the Health Department. At the moment the minibus and sitting case ambulance are both in use, but the number of club members is still growing and at present there is a waiting list of new members for transport. In order to ease this pressure, a grant was made to the club by the Corporation to help them to reimburse fares to people who could travel by public transport but who, relying on National Assistance, were unable to afford the amounts involved. At present six persons are in receipt of assistance.

## **Holidays**

As members of a party arranged by the Staffordshire County Council Welfare Department, 20 physically handicapped residents of the Borough, together with escorts, were able to enjoy a week's holiday at Weston-super-Mare. All of them were most grateful for the opportunity of having this holiday.

## **Attendance of Staff at Residential Courses and Conferences**

The Chief Welfare Officer attended conferences in London organised by the National Old People's Welfare Council, and the



Central Council for the Care of Cripples in April and November respectively.

### **Occupational Therapy**

The Council provides facilities for occupational therapy at the Community Centre, Tenscore Street, West Bromwich, and in the homes of the handicapped. Two occupational therapists are employed, and the senior occupational therapist reports as follows:-

#### **COMMENT ON THE SERVICE**

The occupational therapy service expanded considerably during the year and a total of 102 cases was dealt with. The number of people able to attend the classes at the centre was 52, 17 of whom attended twice weekly.

All the handicapped people visited were registered as physically handicapped and were unfit for employment. Although in many cases this condition might have been temporary, it was seldom possible for a patient to resume his former employment. In several instances it was necessary to consider a change of occupation as a result of the handicap. To help a person in this group it was often possible for the occupational therapist to assess manual dexterity, encourage interest and assess capability.

For the more severely handicapped person it was essential to provide some interesting work which would help to maintain function of the limbs. At the same time the small financial gain gave them an incentive to pursue the occupation. The constant flow of orders they received provided encouragement and also positive proof of their ability to do things.

#### **PROGRESS MADE AT THE CLASSES**

The accommodation at Tenscore Street comprised a large workroom, an office and a store-room. The classes were held on four afternoons a week and plans were made to extend one class to a whole day session in the near future.

#### **CLASS FOR THE MENTALLY ILL**

In August a class to provide occupational therapy for the mentally ill patient was started. Twelve people attended and most of these benefited socially by coming to the centre and working successfully together as a group.

#### **DOMICILIARY WORK**

With the appointment of a Clerk/Storekeeper, the therapists were relieved of a great deal of their clerical work. This enabled a substantial increase to be made in the number of visits to the home-bound.

#### **RESETTLEMENT AT HOME**

Continuing the policy of assessing new patients for independence in everyday activities, a number of useful aids or gadgets were made by the Department, and provided for the patient's use.

The following are examples: -

1. An elderly lady suffering from arthritis and living alone, was unable to use her electric stove because of difficulty in turning the switches. After enquiries about other models, the simple remedy of providing a wheel-shaped appliance for turning the switches has enabled her to cook again.

2. Another elderly sufferer from arthritis has been supplied with a fixed vegetable peeler. She also required a gadget for putting on and off her stockings, which she was previously quite unable to do.

3. For a man who is alone all day and confined to bed, a pair of lightweight wooden tongs was made, as he had insufficient reach and grip to pick up the articles he required.

#### SALE OF FINISHED ARTICLES

A display of work was arranged in the window of the Midland's Electricity Board showrooms, during July. Displays were put in the show-cases in the Town Hall and also in the enquiry office of the Health Department, where articles were sold to the public throughout the year.

During July, August and September, sales were organised at the various horticultural shows in the Borough. Towards the end of the year visits were made to several local factories, where the response was very good and a large proportion of the stock was disposed of there.

As the size of the service increased, the amount of stock was almost doubled and the disposal of finished work became more of a problem, although a number of patients continued to provide a market for their own goods. At the same time there was an increase in the cost of raw materials. In addition to the difficulty in finding new markets for the surplus stock, was that of finding new ideas and designs for the finished products.

#### ATTENDANCE AT COURSES

The latter problem was given much attention at a Course run by Stafford Art School on "Design of Products", which the senior therapist attended.

Both therapists attended a day course at Wolverhampton, which was run by the South Staffordshire Association for the Physically Handicapped. An address was given on aspects of domiciliary work and the demonstrations and discussions that followed were of great value in solving some of the problems of work with the physically handicapped.

#### STATEMENT OF FINANCIAL POSITION

Total turnover from 1.1.58 to 31.12.58	...	£974
--	-----	------

Percentage of cost of materials recovered on sale of articles to cost of materials issued at 31.12.58	...	80%
---	-----	-----



Percentage of total recovery  
(i.e. sold and unsold products) to  
cost of materials issued at 31.12.58 ... 83%

Total labour payments made during  
the period. ... £402

## Epilepsy

A total of fourteen adults (5 men and 9 women) and four children (3 boys and 1 girl) in the borough are known to be suffering from epilepsy. This does not represent the full number of persons suffering from this handicap. Of those known to the authority, two persons are in employment and twelve are at present unemployable. One attends the occupational therapy class.

## Cerebral Palsy

Twenty-eight people were known to be suffering from cerebral palsy in West Bromwich in 1958. These were as follows:-

### CHILDREN UNDER THE AGE OF FIVE

Five children were known to the health visitors.

### SCHOOL CHILDREN

Eighteen children were suffering from this condition and the type of disability can be summarised as follows:-

Hemiplegia	...	...	8
Paraplegia	...	...	5
Quadriplegia	...	...	4
Athetosis	...	...	1

Of these children, six are at ordinary school, one receives home teaching and three are deemed to be ineducable.

### ADULTS

Five men are known to be suffering from the condition. One is in employment and four are not employed. No woman suffering from cerebral palsy is known to the Authority. This does not necessarily represent the true number of such cases.



## **OTHER WELFARE SERVICES**

### **Persons in Need of Care and Attention**

No action was taken during the year for the removal of persons in need of care and attention under the provisions of Section 47 of the National Assistance Act.

### **Temporary Protection of Property**

The Authority accepts responsibility for the protection of the house and effects of persons admitted to hospital or other accommodation who have made no suitable arrangements and have no one else to do this. No action was required during the year.

### **Temporary Accommodation**

The Authority has no accommodation specifically for providing for those homeless by reason of unforeseen circumstances. Cases coming to the notice of the Health Department are referred to the Housing Department who endeavour to meet any real need but during the year none were referred.

### **Burial or Cremation of the Dead**

Under Section 50 of the National Assistance Act, 1948, the Authority has a duty to cause to be buried or cremated the body of any person who has died or been found dead in the area, where no suitable arrangements for disposal have been made. During the year it was found necessary to arrange for 9 burials.

### **General Matters**

It is impossible to do justice to the many personal matters dealt with by a welfare officer in his daily round. Many of these are unusual and some insoluble. The Welfare Officer acts as the friend and adviser to all the aged and handicapped who seek his help.

PART VI

ENVIRONMENTAL HYGIENE

General Hygiene

Housing

Air and Factory Hygiene

Food Hygiene and Control

Public Cleansing and Salvage

# **Annual Report of the Chief Public Health Inspector — 1958**

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To the Chairman and Members of the

## **HYGIENE AND CLEANSING COMMITTEE**

Mr. Chairman, Ladies and Gentlemen,

Looking back on 1958 from mid 1959 it is possible to assess more truly what was attempted and achieved than if I had been writing in January. It appears in retrospect a year of modest advance with the specialisation introduced into the administration in 1956 enlarged and producing good results. Nevertheless, the department is unbalanced because of the vacancies for district inspectors and embarrassed by the absence of their work, which is the basis of the whole departmental structure. It is encouraging however, to have three pupils entering the final stages of their training and making a useful contribution. It is probable that the Committee's training policy will bear fruit in 1959 when the eldest pupil qualifies.

### **PUBLIC CLEANSING AND SALVAGE**

Since 1955, after allowing for the demolition of 660 houses in the slum clearance programme, 2,394 new houses have been added to the total to be cleared of refuse each week. In the same period the estimated population of the Borough has increased by 3,740. Nevertheless, it has been possible, by enlarging the carrying capacity of the collection vehicles to maintain and consolidate the weekly frequency of refuse collection without increasing the number of workmen or the collection districts. It is now possible to contemplate further improvements.

For example, the replacement of solid fuel by gas, electricity and oil, quite apart from a deliberate smoke control policy, and the increased use of tinned foods and paper packaging has increased the bulk in house refuse and decreased the dust and cinder content. Paper and tin are both undesirable elements in a controlled refuse tip and can be readily sold to advantage. It will be seen from the cleansing statistics set out elsewhere in this report that we are now able to pay for the whole cost of refuse disposal largely from this source of income. This process could be applied still further towards reducing the total cost of the service if householders would keep tins and paper separate but convenient for collection with the contents of the dustbin.

Though equipment for the completely dustless collection of refuse is now being manufactured in this country under licence from German and other European companies, the vehicles and special bins are very expensive. It may well be better to collect more frequently and offset at least some of the extra cost on this account by improved recovery of saleable materials. Indeed,



since the dust content of refuse is declining and the putrescible matter increasing it may soon be essential to improve our collection frequencies to say, twice weekly, to meet this change rather than modify our equipment to collect or contain the declining amount of dust which is released when dustbins are emptied .

## Clearing the Slums

Most of 1958 was in the middle year of the five-year programme. The fact that it is possible to report the actual demolition of 350 houses is indicative of increasing momentum in the lengthy procedure from inspection of the house to rehousing of the tenant. It is seldom realised by tenants, property owners and others anxious for demolition that generally a new house must be built before an old one can be taken down.

In mid-year 1955 in response to the Government's request for information regarding the size of our problem and the anticipated rate of progress towards complete abolition of slum houses, we said we could deal with 300 houses annually. This estimate is being substantially exceeded and progress has been accelerated since October by the addition of a further specialist inspector for this work.

It is probable that the first five-year programme will be completed by August 31st 1959, that is, at the end of the fourth year.

## Clean Air

In November, the town's first Smoke Control Area came into operation, and 191 householders within its boundaries were no longer permitted to burn coal. The change was welcomed in some homes, accepted in most, and strenuously resisted in a few. The Council consistently said that this was the beginning of a programme intended to include the whole town as quickly as possible, and Orders 2,3,4,5, and 6, have been submitted to the Minister for approval in principle or confirmation.

At the same time, industry is being pressed more vigourously to reduce smoke, grit and dust emissions, and this involves a great deal of re-equipment. Details are included in the section on Air Hygiene and it is very clear that the change from coal to gas, electricity and oil, which was so obvious a tendency in the food trades before 1939, is extending to industry and commerce generally because these fuels are cleaner, more flexible and easier to handle.

The use of town's gas, electricity and oil in place of raw coal is a tendency which is being viewed with suspicion and misgivings by some of the coal traders and the miners. In some instances there has been open hostility to the Clean Air Act. Though the Act is the expression of an informed public opinion working through parliament the changes are, in many cases, due to factors other than Clean Air policy and would have come about in any event.

So far as the coal traders who hawk coal from door-to-door are concerned they fulfil a very necessary function and it is important to the success of a newly confirmed Smoke Control Order

that, not only should there be ample supplies of coke available but also a system of delivery to replace the coal man on his round. There is a great business opportunity here but it needs to be undertaken methodically with proper coke sacks used exclusively for the purpose and proper storage and filling facilities which ensure that the deliveries are of the proper grade and not a mixture of coke of various sizes and adventitious coal, slack and dust to make weight.

It is difficult to buy anything today which is not wrapped in expensive looking plastics and tape which may even outshine the modest contents of the packet. Presumably it is all done in the name of health and hygiene. Even we would not have expected such zeal to extend to coal but, it appears, we are wrong and coal may soon be seen in paper packs, plain or coloured according to taste delivered by a white-coated salesman. Is this the way to overcome prejudice concerning coke? Perhaps it is.

## Slaughterhouses

Though not normally the type of food premises thrown open to admiring visitors they are the most important from the food hygiene standpoint. In 1958, food infection throughout the country was higher than ever and the greatest single cause was manufactured meat products. Far too much reliance is placed on cooking to cover up dirty work in the slaughterhouse. In fact some forms of infection resist heat. In most cases heat penetration is much less than generally believed, and there is always the possibility of contaminating the kitchen utensils and equipment by raw meat.

New legislation governing slaughterhouse buildings, equipment and hygiene received the Royal Assent during the autumn of 1958 and parts of it became effective from 1st January 1959. It is already clear that many existing premises cannot be raised to the new standard and they will go out of use. It follows that those which remain and conform to the new requirements must deal with more animals. This is a desirable end which should make it easier to inspect all animals at the time of slaughter, provide the butcher with a cleaner, better-dressed carcase, and the meat manufacturer and the public with a safe meat supply.

## Visitors

It is always a pleasure and a privilege to show off the achievements of our town either to neighbours or visitors from more distant authorities. Our smoke control activities have attracted a good many, and an even greater number of enquiries, but to have Mr. Cahit Tutum come to us from Turkey was a special pleasure. In addition to the technical help we were able to give him some of our large-scale confectioners spoke plainly of the need for a much higher standard of cleanliness particularly in dried fruits exported to this country demonstrating their point with the residues from their fruit-cleaning machines. It would seem that more visits by public health inspectors in food-exporting countries would help to improve the standard of food handling in the country of origin. The results of our chemical and microscopical examinations of imported dried fruits and cereals are given in the appropriate section of this report.



## **Staff changes and promotions**

We welcomed in March, Mr. G. A. Lavender from Wolverhampton to enlarge our activities in food hygiene and control. Unfortunately, the total amount of meat inspection has so increased that progress with food hygiene has not been as substantial as we intended.

Mr. K.C. Davis joined us from Birmingham in October to strengthen the housing section of the department. There is a very substantial slum clearance programme to match his considerable experience.

The only replacement needed this year was for the post of Assistant Cleansing Superintendent which was filled in September by the appointment of Mr. David Briscoe of Portsmouth. He succeeded Mr. J.T. Rogers who transferred to Cheadle and Gatley U.D.C., Cheshire as Cleansing Officer.

We congratulate Mr. Briscoe on his success in the final examinations for the Testamur of the Institute of Public Cleansing in November.

It is also satisfactory to record the transfer of Mr. J.G. Kelly from his specialisation in food hygiene and control to the air hygiene section where he was joined by Mr. S. Davies, promoted from district inspector.

We hope all these changes will bring pleasure and profit and enrich our several experiences.

## **“Take-over” Bids in Local Government**

Seldom do ratepayers see themselves as shareholders in a local government corporation. This is understandable since they receive no dividends which can be converted into cash but instead are required every year to meet the ‘calls’ of the Borough Treasurer.

The re-organisation of local government, which has been so much in our minds during the year has much the same objectives as the proposed merger of the House of Y with the House of Z namely mutual gain from more economical operation of plant and equipment, better utilisation of land and buildings and greater financial strength. Commercial shareholders can always refuse a bid and often do. The “directors” of local authorities rarely do other than refuse but generally the benefits of fusion and re-organisation are patently obvious to all but the most parochial observers.

When the findings of the Commission which is examining the boundaries and organisation of local government in the West Midlands are published there may be gain to some and pain to others but change there must be in order that local government may at least be able to measure up to the industrial and commercial giants developing around us.

## **Acknowledgements**

I am pleased to record again my appreciation of the co-op-



eration received from the chief officers and heads of other departments. I would thank particularly the Transport Manager and his staff for their success in maintaining this department's fleet of vehicles for refuse removal.

My thanks are also due to my deputy, Mr. G.H. Shaw, whose long experience in the town is invaluable and to every other member of my staff and workmen for their part in such successes as we have enjoyed and the routines which have been regularly completed.

Finally, no enterprise, small and limited or large and far-reaching is possible without constant support at all times from the Chairman, vice-chairman and members of the Committee. This I have enjoyed in full measure and always appreciated.

I am Mr. Chairman, Ladies and Gentleman,

Your obedient Servant,

S CAYTON,

Chief Public Health Inspector  
and Cleansing Superintendent.

## GENERAL HYGIENE

G.H. SHAW

*Deputy Chief Public  
Health Inspector.*

### Description of the Area

West Bromwich is situated in the West Midlands conurbation, lies midway between Birmingham and Wolverhampton, and the A.41 road joins the three towns. The County Borough of Walsall lies to the North and Smethwick to the South. West Bromwich has a population of 93,380 in a total of about 2,267,970 in the conurbation. A penny rate produces £4,000. Rateable value and population are growing rapidly from year to year.

### METEOROLOGY

Climatological Station, Dartmouth Park - 543.3 feet above sea level

1958

Total rainfall 31.86"

No. of days on which rain fell 158

Taken at 9 a.m. local time

Reading of self-registering thermometers

	Max. in Air	Min. in Air	Total rainfall	Days on which rain fell
January	43.71	33.03	2.03	14
February	46.50	33.46	4.43	16
March	44.32	30.90	1.17	10
April	53.93	37.09	0.77	5
May	62.35	44.45	1.87	13
June	67.06	49.39	3.95	17
July	69.68	53.48	4.04	16
August	69.42	50.48	2.55	14
September	65.49	52.23	3.92	17
October	56.10	45.06	2.53	12
November	47.23	38.63	1.70	9
December	43.61	35.22	2.90	15
Total			31.86"	156 days

### Water Supplies

The public water supply is derived from the South Staffordshire Waterworks Company and The City of Birmingham Water Department. The water received is treated and was satisfactory both in quantity and quality during the year. Details of the analyses of water samples will be found later in this report.

## Inspections

The total number of inspections made during the year was 16,788, an increase of 6,113 on 1957.

The following is a summary of them:-

Inspections - Housing Acts (Slum Clearance, etc.)	...	4,248
"    Public Health & Housing Acts		
(Housing Repairs)	...	2,536
"    Public Health Act (Caravans)	...	97
"    Shops Act	...	28
"    Food Premises (including Food Inspection)	...	1,176
"    Factories Act 1937	...	167
"    Prevention of Damage by Pests Act 1949	...	
(Inspections by Public Health Inspector)		98
"    Theatres and Cinemas	...	23
"    West Bromwich Corporation Act 1949	...	
(Chiropodists, Hawkers and Hairdressers)		33
"    Pharmacy and Poisons Act 1933	...	2
"    Pet Animals Act 1951	...	12
"    Rent Act, 1957	...	215
"    Refuse Collection and Disposal and		
Public Conveniences	...	173
Re-inspections - Housing	...	1,258
Meat and Food Inspection - Visits to slaughterhouses	...	2,681
Sampling Visits - Food and Drugs and Ice Cream	...	359
"    "    Fertilisers and Feeding Stuffs	...	14
"    "    Rag Flock and Other Filling Materials	...	4
"    "    Water	...	88
Air Hygiene and Factories - Smoke Observations, industrial		
and general surveys, investigations of industrial		
and domestic nuisances, deposit gauges, and Smoke		
Control Areas	...	3,230
Food Poisoning Investigations	...	346
		<hr/>
		16,788

## Complaints received

882 complaints were received during the year, all of which were investigated and appropriate action taken. This is a small reduction on 1957.

## Notices served

The number of notices served under the Public Health Act 1936, during the year was 523. Of this number 327 were Informal Notices and 196 were Statutory Notices. The total number of houses concerned was 717. In addition 25 notices involving 29 houses were served under the West Bromwich Corporation Act, 1949.

## Improvements effected under the Public Health and Housing Acts

As a result of informal action by the local authority under the Public Health and Housing Acts, 234 houses were repaired during the year. In addition defects were remedied in a further 251 houses, after the service of formal notices under the Public Health Act. Of this latter number 122 houses were repaired by the owners, and 129 by the local authority in default of owners.



Court proceedings under the Public Health Act, 1936

Two summonses were issued during the year, details being as under:-

Situation of Premises	Nature of Complaint	Section under which proceedings were instituted	Result
Piggeries rear of 46 & 48, Charles Street	Animals kept so as to cause nuisance	94	Pigs removed, land & buildings sold. Case adjourned sine die.
48, Fisher Street	Dilapidated state of house	94	Work completed Defendants fined £8 with 11s3d costs.

Houses-let-in-Lodgings

The number of houses-let-in-lodgings is now two.

Theatres and Cinemas

There are now seven cinemas in the borough, all of which are maintained in a satisfactory condition.

Prevention of Damage by Pests Act, 1949.

DESTRUCTION OF RATS AND MICE

	Type of Property				
	Local Authority	Dwelling houses including Council houses	All other including business premises	Agricultural	Total of cols 1, 2 and 3
Number of properties in Local Authority's district	58	26,736	3,708	8	30,502
Number of properties inspected as a result of					
(a) notification	20	217	54	-	291
(b) survey under the Act	-	-	-	-	-
(c) Otherwise (e.g. when visited primarily for some other purpose)	-	-	-	-	-
Total inspections carried out including re-inspections	94	730	140	-	964
Number of properties inspected which were found to be infested by					
(a) Rats	10	178	41	-	229
(b) Mice	10	39	13	-	62
Number of infested properties treated by the local authority	20	217	54	-	291

## **Sewer Treatments**

Two hundred and twenty-two sewer manholes were baited with poison suitably masked by oatmeal, sausage rusk or bread mash.

Fifty-two baits were partially eaten by rats and thirty-eight eaten completely. This half-yearly treatment should be continued because it materially reduces infestations on the surface. Most rat infestations are associated in some way with defective drains or sewers.

One rodent operator only is employed, and tribute is frequently paid by the public to the zeal with which he carries out his duties.

## **Disinfestation**

21 houses were disinfested by means of insecticide sprays containing D.D.T. etc., during the year.

Your officers are frequently called on for advice as to effective measures for combating insect pests and for help in identification of such pests.

It is pleasing to note that there has been no recurrence of cricket infestation at the high-storey flats owned by the Corporation, and that the precautionary measures taken have proved effective.

## **Pharmacy and Poisons Act, 1933 and Pharmacy and Medicines Act, 1941**

There are 63 names entered on the List of Persons entitled to sell poisonous substances included in Part 11 of the Poisons List.

The Poisons List was prepared by the Poisons Board and confirmed by the Home Secretary. It prescribes two lists of poisons called respectively Part 1 and Part 11 of the Poisons List. Part 1 specifies poisons which can only be sold by retail to the general public by registered Pharmacists, whilst the Part 11 List is a list of poisons which may be sold not only by registered pharmacists but also, subject to certain conditions, by ordinary traders whose names must be entered on a List of Persons Entitled to sell such Poisons kept by the local authority. The poisons listed in Part 11 comprise articles which are in common use (insecticides, fungicides, preparations for the destruction of rats and mice, disinfectants, etc.) for purposes other than the treatment of human ailments, and which it is deemed to be reasonably necessary for the public to have adequate facilities to obtain.

## **Rag Flock and Other Filling Materials Act, 1951**

One manufacturer of rag flock is licensed by the Corporation, and ten premises are registered under the Act. Two samples of washed rag flock were taken during the year and proved satisfactory.

The object of this Act is to ensure that rag flock and other filling materials used in the manufacture of bedding, toys, and articles of upholstery are clean.

Premises where filling materials are manufactured or stored for distribution must be licensed by the Local Authority, whilst premises requiring to be registered are those which are used in manufacturing bedding and other articles of upholstery.

## Hairdressers and Barbers

The number of premises registered under the West Bromwich Corporation Act, 1949, carrying on the trade or business of hairdresser or barber was 80 at the end of the year.

## Fertilisers and Feeding Stuffs Act, 1926, and Regulations

Six samples of fertilisers and seven samples of feeding stuffs were taken during the year and submitted to the Agricultural Analyst. Two informal samples of fertilisers were unsatisfactory and appropriate action was taken.

## Water Sampling

Bacteriological examination was made of 21 samples of water, taken from the sources below:-

From South Staffs. Waterworks Company	...	11
From City of Birmingham Supply	...	10

All these samples proved to be satisfactory.

Two samples of spring water, one for chemical and one for bacteriological examination were taken from the Corporation's Adventure School at Plas Gwynant, Wales, both of which were satisfactory.

19 samples of water, ten from the South Staffs, Waterworks supply and nine from the City of Birmingham supply were taken for chemical examination, all of which were satisfactory. Details of the chemical analysis of the last sample taken are as follows:-

Free and Saline Ammonia	...	0.004
Albuminoid Ammonia	...	0.056
Chlorine in Chlorides	...	9.0
Nitrogen in Nitrates & Nitrites	...	2.0
Oxygen absorbed from permanganate	...	
at 80 deg. F. in 4 hours		2.3
Total Solids dried at 100 deg.C.	...	2.0
Nitrite	...	Trace
pH	...	6.24
Free Chlorine	...	Absent
Appearance	...	Bright
Plumbo-solvency	...	0.4 Lead after 24 hours

## Swimming Baths

Ten samples of water for bacteriological examination were taken from the Public Baths, all of which were satisfactory as also was the one chemical sample taken.



## HOUSING

F. A. OAKES

K. C. DAVIS

*Specialist Inspectors.*

### New Housing Accommodation

The number and types of houses and flats built by the local authority during the year 1958 is as follows:-

3 bedroom houses	204
4 bedroom houses	23
1 bedroom flats	16
2 bedroom flats	46
3 bedroom flats	16
bed sitting room flats	2
	<hr/>
	307

The number of houses completed by private enterprise	136
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443

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### Housing Acts, 1936 - 1957 - Parts 11 and 111

#### Slum Clearance

During the year 20 areas involving 311 houses were reported to the Council and Clearance Orders or Compulsory Purchase Orders made.

As will be seen from the following Tables, seven orders made in 1957 and one made in 1958 were confirmed by the Minister of Housing.

In addition to action under Part 11 of the Act 171 demolition orders and 57 closing orders were made under Part 11.

In all, during the year, 350 houses were demolished by reason of action taken under the Act.

Towards the end of the year a start was made on the clearance of the sub-standard houses in the Lyng Ward, and it is anticipated that the first part, involving 206 houses, will be reported to the Council in 1959.

It has been possible to prepare a provisional detailed programme for slum clearance covering the next six years. This envisages dealing with 3,000 houses and has made it much easier to answer the numerous enquiries regarding this type of property. As a result of this revised survey the total of unfit houses has risen from the original 4,000 in 1955 to a figure in excess of 5,000.

Although a considerable number of enquiries were dealt with regarding the purchase of property, cases still occur of persons purchasing property without advice which later becomes the subject of action under this Act.

# CLEARING the SLUMS

## SUMMARY OF ACTION AND PROGRESS IN THE POST WAR PERIOD

TABLE 1

### CLEARANCE AREAS

Clearance Areas	Type of order	Date of Confirmation	No. of houses	No. of persons to be displaced	Progress to end of 1958	
					No. of houses demolished	No. of persons displaced
Chapel Street, Carters Green	C.P.O.	23. 8.57	88	254	76	249
Guns Lane No.1	Clearance Order	19. 6. 57	15	45	15	45
Guns Lane & King Street No.1	C.P.O.	1. 9.57	102	354	-	276
Guns Lane No. 1	C.P.O.	Excluded by Minister	6	-	-	-
New Street, Hill Top No.1	C.P.O.	16. 1.58	61	187	9	71
Chestnut Avenue, High Street No.1	Clearance Order	13. 12.57	24	61	-	51
Roebuck Street No. 1	do	3. 7.58	10	35	-	29
Roebuck Street No.2	do	4. 7.58	10	29	-	12
Roebuck Street No.3	do	3. 7.58	11	39	-	16
Roebuck Street & Roebuck Lane No. 1	do	4. 7.58	48	142	-	91
Piercy Street No.1	C.P.O.	23. 6.58	12	32	-	7
Moor Street No.1	do	30. 9.58	10	25	-	-
Moor Street No.2	do	Awaiting confirmation	31	70	-	-
Ebenezer Street No.1	do	do	14	49	-	-
Ebenezer Street No.2	do	do	43	96	-	-
Dial Lane No.1	do	do	7	24	-	-
Dial Lane No.2	do	do	3	9	-	-
Dial Lane No.3	do	do	2	7	-	-
Greets Green Road No. 1	do	do	16	40	-	-
Beale Street No.1	do	do	58	157	-	-

TABLE 1 (continued)

Hargate Lane No.1	C.P.O.	Awaiting confirm- ation	15	43	-	-
Hargate Lane No.2	do	do	2	8	-	-
Dial Lane No.4	do	do	5	11	-	-
Vicarage Road No.1	Clear- ance Order	do	10	25	-	-
Church Lane No.1	do	do	7	19	-	-
Walsall Street No.1	C.P.O.	do	6	18	-	-
Walsall Street No.2	do	do	6	10	-	-
Peters Street No.1	do	do	4	11	-	-
Harvills Hawthorn No.1	do	do	7	18	-	-
Summer Street No.1	do	do	61	166	-	-
Bull Lane No.1	Clear- ance Order	do	4	13	-	-

TABLE 11

## (INDIVIDUAL UNFIT HOUSES)

Year	Houses demolished	Demolition Orders made	Closing Orders made	Undertakings given under Section 11 of the Housing Act 1936, and Section 16 of the Housing Act, 1957
1946	109	-	-	-
1947	23	10	-	-
1948	117	39	-	-
1949	108	73	10	-
1950	112	51	-	-
1951	92	44	1	-
1952	55	64	-	-
1953	82	79	-	-
1954	10	58	4	23
1955	63	54	7	-
1956	120	86	10	26
1957	128	130	1	3
1958	250	171	57	3
Total	1,269	859	90	55



TABLE 111

**Demolition of Houses**

The total number of houses demolished during the year was as under: -

Houses in Clearance Areas	...	100
Houses subject of Demolition Orders	...	250
		<hr/>
	Total	350
		<hr/>

**Compensation - Section 31 and Second Schedule**

This Section provides for compensation to be paid to owner occupiers of houses which are the subject of Demolition Orders, Closing Orders, Clearance Orders and Compulsory Purchase Orders, in cases where the houses were purchased between 1st September 1939 and 13th December 1955. This is only a temporary provision and does not apply after 13th December 1965.

During the year payments were made in respect of 15 houses at a total cost of £3,735.

**Rent Act, 1957**

Sixty applications for certificates of disrepair were received during the year bringing the total of applications received since the Act came into force on 6th July 1957 to 202.

At 1st January 1958 there were 19 applications awaiting decision and the position at 31st December 1958 was as follows:-

Number of applications	...	202
Number of applications withdrawn	...	8
Number of Notices of Intention to issue Certificates of Disrepair	...	185
Number of undertakings given by landlords	...	104
Number of Certificates of Disrepair issued in respect of all defects alleged by tenant	...	46
Number of Certificates of Disrepair issued in respect of some only of defects alleged by tenant	...	36

There were 22 applications for a Certificate as to the remedying of defects contained in landlords' undertakings. In all cases it was found that some at least of the defects which the landlords had undertaken to remedy had not been remedied. Nine of these applications were in respect of undertakings given by the landlords before the tenants had applied to the Corporation for Certificates of Disrepair.

During the year 1958 there were 8 applications by landlords for cancellation of Certificates of Disrepair. These concerned 6 properties, as applications for 2 properties were refused in the first instance and allowed on subsequent application.

The Certificates were cancelled in respect of 4 properties, one is still pending and the other Certificate remains in force.

It is estimated that there are still 3,600 houses in the Borough so unfit that demolition is the only method of dealing with them. It is known that a considerable number of these houses have had rent increases applied to them under the Act and the figure of 202 applications for Certificates of Disrepair is remarkably low. From contact with tenants in the course of daily inspections it does appear that although in some cases little or nothing is known about the tenants' rights under the Act, in the bulk of the cases the tenants are too apathetic to go through the admittedly rather complicated procedure. A considerable amount of extra rent is being collected without the desired result of improving the standard of housing.

### Improvement Grants

Under the Housing Act 1949, local authorities may make grants for improvement of houses by the provision of such amenities as bathrooms, internal toilets, hot water supply, food storage and other modern conveniences.

The technical and administrative work in connection with these applications is carried out by the Borough Surveyor and Town Clerk respectively, and the following information was supplied by them:-

Applications received	...	49
Applications approved	...	46
Applications refused	...	3

The average amount paid by way of grant in these cases was £94.

Of the 46 grants approved, 44 were for owner occupied houses and only two for tenanted properties. This is disappointing but appears to be general throughout the country and it seems that the improvement provisions of this Act are not achieving the desired result.

There is a considerable number of structurally sound houses in the borough without essential amenities such as hot and cold water, bathrooms and inside toilets and proper food stores, and the time is rapidly approaching when legislation will be needed for the compulsory improvement of such houses. Alternatively, we shall be faced with the possibility of another 4,000 or so sub-standard houses becoming the slums of the next generation.

# AIR AND FACTORY HYGIENE

J.G. KELLY

S. DAVIES

*Specialist Inspectors*

## Abatement of Atmospheric Pollution

During the year considerable headway was made towards improving the general state of the atmosphere within the borough. On 1st June 1958 the remainder of the Clean Air Act came into force, relating particularly to industry. These provisions concerned the emission of dark smoke from chimneys, with defences (Sections 1 and 2), grit and dust from furnaces (Sections 5, 6, 7 and 9) the abatement of smoke nuisances (Section 16), smoke from railway engines (Section 19) and vessels (Section 20).

On the same day the Dark Smoke (Permitted Periods) Regulations, 1958 came into force laying down the maximum permitted periods during which dark smoke could be emitted. Generally these are as follows:-

- (a) Dark smoke from any chimney for not longer than 10 minutes in the aggregate within a period of 8 hours;
- (b) Continuous emission of dark smoke for not longer than 4 minutes;
- (c) <sup>and</sup> The emission of black smoke for not longer than 2 minutes in the aggregate within any period of 30 minutes;

(a) and (b) may be modified where soot blowing is carried out and (a) only where a chimney serves two or more furnaces

## New Furnaces - Clean Air Act 1956 - Section 3

Seven applications for prior approval and ten notifications of intention to install furnaces were received during the year. It is surprising to find when industrial survey visits are made that furnaces and boiler plant have been or are about to be installed without the approval of or notification given to the local authority. Every effort is being made to ensure that industrialists are aware of their obligations under the Clean Air Act in this respect, the primary object being to install plant capable as far as practicable of operating continuously without producing smoke.

## Industrial Survey

The industrial survey was continued during the year and many premises were visited. Section 8 of the Clean Air Act enables the local authority to obtain information relating to furnaces and fuels which is of considerable help in determining the extent to which additional equipment may be necessary e.g. measures to arrest grit and dust.

Complaints concerning various industrial nuisances and smoke emissions were investigated and the following Table gives a summary of the action taken:-



<i>Premises</i>	<i>Nuisances</i>	<i>Result</i>
Tube Works	Smoke from coal hand-fired boilers	Conversion to fully automatic oil firing
Laundry	Burned paper emission on lighting up vertical boilers	Gas poker installed
Steel works	Noise nuisance from billet cutting	Screening wall erected
Tar works	Tip fire	Management to keep stricter control on tip operatives & exclude combustibles as far as possible
Spring works	Smoke from coal fired tempering furnaces	Mixed fuel now used - coal & coke. Also consideration being given to converting fully to a suitable smokeless fuel.
Spring works	Smoke from coal fired boiler & hardening furnaces	New fully automatic oil fired boiler installed. Also gas & electric hardening furnaces.
Foundry	Tip fire	Management to keep stricter control on tip operatives & to exclude combustibles as far as possible
Scrap yard	Smoke from scrap cable burning	Management to improve technique of burning & keep stricter control
Machined parts works	Grit & soot emissions from central heating plant	New underfeed mechanised stoker installed. Estimates for grit arrester obtained & consideration being given to them
Bakery	Smoke emission from oil fired ovens	Advice on operation of burners given to management who are to watch operations closely
Wire merchants	Dark smoke from vertical boiler	Change from coal fuel to coke
Tube works	Dark smoke from vertical boiler	Advice given on maintenance & operation of underfeed coal stoker
Sheet metal works	Dark smoke from vertical boiler	Advice given on maintenance & operation of underfeed coal stoker
Foundry	Grit from cupolas	Wet type grit arrester with suitable splash back baffle installed

<i>Premises</i>	<i>Nuisances</i>	<i>Result</i>
Foundry	Water droplets from cupola	Splash back baffle fitted to existing wet type grit arrester
Body builders	Smoke from low chimney arising from rubbish burning on central heating boiler	Rubbish burning prohibited
Tar works	Smoke from under loaded hand fired coal Lancashire boiler	Firing 75% coke & 25% slack at present, whilst consideration is given to installation of a more suitably sized boiler
Refuse Disposal works	Smoke arising from burning of paint tins	Improved technique of firing & closer supervision of operatives
Printing works	Smoke from oil fired vertical boiler	Makers of burner equipment called in to repair offending cut-out device
Scrap yard	Smoke from hand fired coal vertical boiler serving steam crane	Change from coal fuel to coke
Milk crate manufacturer	Smoke from refuse burning in yard	Prohibited. Adequate trade refuse collection arranged
Aluminium works	Fumes from industrial process	Height of stack increased
Oil blenders	Oily smoke during lighting up coke fired pots	Lighting up procedure modified
Foundry	Grit & dust from cupola	Cupola being increased in height and new arrester fitted
Aluminium works	Dark smoke when lighting up oil fired furnaces	Process moved to another site where gas ignition being provided
Factory premises	Dark smoke from boiler plant	Advice given re firing and secondary air supply
Factory premises	Dark smoke from boiler plant	Underfeed stoker installed Burning of wood refuse prohibited
Motor vehicles	Use of uncovered vehicles for transport of dust, & sand, etc. from foundries	Firm warned. Drivers instructed to use tarpaulins provided
Warehouse	Smoke from incinerator	Incinerator not to be used until repaired
Foundry	Grit & dust from cupolas	Processes now discontinued
Factory premises	Noise & dust from metal polishing machines	Referred to H.M. Inspector of Factories.

<i>Premises</i>	<i>Nuisances</i>	<i>Result</i>
Factory premises	Dark smoke from boiler plant	Advised re firing & change from unsuitable fuel
Factory premises	Dark smoke from oil fired billet heating furnace	Firm warned. New management. Advice being obtained.
Spring manufacturers	Nuisance from wind-borne oil droplets	Oil cooling process modified

### Domestic Smoke Control

Much painstaking and hard work has been carried out in this field during the year, mainly in bringing into operation the West Bromwich Smoke Control Order No.1. The 1st November was the date of operation set by the Minister when he confirmed the Order in November 1957. Thus, almost a full twelve months was available for the householders affected to "put their houses in order" but despite this and much persuasive effort by the two inspectors concerned, many conversions were left until the last minute, placing an unfair strain on the building contractors and the gas fitters.

Of the all round success of this 25 acre area with its 191 dwellings, it is difficult to assess at this stage but the problems involved in dealing with older type property have certainly been brought home. Time and patience are the main ones. No effort has been spared advising and instructing householders in the use of smokeless fuels, and this from their viewpoint has been the main problem.

It is unfortunate that despite obtaining excellent coke fires at a more economic cost than they had previously with coal, many persons would very willingly go back to this fuel and quite happily continue to pollute the air we all have to breathe.

"Oh yes, I'm quite in favour of clean air, but why start with me?" seems to be the motto. Although the Council and officials have done everything seemingly possible to defeat this attitude, it is disappointing to find that it still persists.

Private householders have been encouraged to attend meetings of the West Bromwich Clean Air Council which was formed with a view to publicising the need for pollution control, and also the Chief Public Health Inspector spoke in a short B.B.C. radio broadcast on the Smoke Control Area No.1.

Despite the difficulties and deliberate obstruction work has progressed on preparing other areas both of new development and existing premises, and a summary of the position at 31st December 1958, is given:-

Area No.	Description	Total Properties		Position at 31st December 1958
2	New Corporation Estate with some existing properties. Approx. 37 acres	New houses	325	Order made & published Awaiting confirmation from Minister.
		Existing houses	15	
		Commercial & others	4	
3	New Private Estate with some existing dwellings. Approx. 8 acres.	New houses	56	- do -
		Existing houses	5	



Area No.	Description	Total Properties		Position at 31st December 1958
4	New Private Estate with some existing properties. Approx. 14 acres.	New houses	50	Order made by Council. Publication to be made.
		Existing houses	35	
		Others	1	
5	Mainly older residential properties with some industrial & commercial. Approx. 37 acres.	Houses	250	Preliminary survey carried out & approval in principle sought from Minister & awaited
		Industry & commerce	63	
		Others	8	
6	Mainly older residential properties with some industrial & commercial. Approx. 50 acres.	Houses	645	- do -
		Industry & commerce	32	
		Others	4	
7	New private estate with some existing dwellings. Approx. 60 acres.	New houses	400	Preliminary survey carried out. Project to be reported to Committee.
		Existing houses	210	
		Commercial	3	

### Clean Air Council

Interest in and support of the West Bromwich Clean Air Council continued to grow throughout the year.

Two meetings of the full Council were held and one of the Smoke Control Area No.1. Householders' Sub-Committee.

The first, the Annual General Meeting, was held in the Town Hall on Monday, 28th April 1958, Councillor F.G. Phillips was elected Chairman and Capt. D.W. Shirlaw (A Director of Steel Parts Limited, West Bromwich) was elected Vice-chairman. Mr. S. Cayton, the Chief Public Health Inspector, presented a report entitled "Control of Air Pollution in 1957" and the Joint Secretaries, Messrs. J.G. Kelly and S. Davies, presented their Annual Report.

The business of the meeting was followed by an address from A. Paterson, Esq., M.I.Mech.E., Fuel Efficiency Officer, Shell Mex & B.P. Limited, entitled "Oil Fuel and Clean Air". A lively and highly technical discussion followed amongst the 49 persons present.

The Second meeting was held at the Town Hall on Monday, 13th October 1958, when 51 persons assembled to hear Dr. A. Parker, C.B.E., on the subject of "Clean Air Act and Industry". The discussion which followed was again on a high technical level.

A meeting of the Smoke Control Area No.1 Householders' Sub-Committee was held on Wednesday, 8th October, 1958, five of the eight Committee members attending. Progress of and problems arising from the West Bromwich Smoke Control Area No.1 took up the main part of the meeting. Proposed Smoke Control Areas were also discussed.

### Measurement of Atmospheric Pollution

The recording of atmospheric pollution in co-operation with the Department of Scientific and Industrial Research was continued during the year. The Council now maintain 5 deposit gauges for the collection of deposited matter, 10 lead peroxide gauges for determining the amount of sulphur trioxide in the atmosphere, and 1 daily smoke filter and volumetric sulphur dioxide apparatus.

## Deposit Gauges

A deposit gauge was installed during October at Messrs. Copper & Alloys Limited, Greets Green, bringing the number in use to 5. The following Table gives the monthly recordings of the 5 deposit gauges showing the deposited matter in tons per square mile.

<i>Month</i>	<i>Highfields</i>	<i>Geo Salter School</i>	<i>M.E.B</i>	<i>Isolation Hospital</i>	<i>Copper &amp; Alloys Ltd.</i>
January	18.12	17.16	18.01	12.67	-
February	15.34	16.54	22.97	12.93	-
March	24.04	14.45	12.34	9.45	-
April	11.04	15.33	17.26	10.36	-
May	13.00	13.51	33.86	18.34	-
June	13.41	16.82	25.15	14.98	-
July	17.70	15.32	19.17	16.16	-
August	10.24	17.92	15.52	8.08	-
September	12.11	14.82	20.62	12.03	-
October	13.82	11.59	21.30	10.62	21.13
November	10.56	14.23	20.86	15.25	23.41
December	15.23	16.61	21.88	14.04	24.84
	174.61	184.30	248.94	154.91	69.38
<i>Monthly averages</i>					
1949	-	20.09	24.80	16.37	-
1950	-	20.23	23.83	15.36	-
1951	-	20.84	22.69	16.15	-
1952	-	22.12	15.91	13.82	-
1953	16.07	15.43	18.83	14.42	-
1954	22.97	26.39	24.70	18.54	-
1955	18.50	18.59	16.70	14.65	-
1956	14.91	15.64	20.77	10.39	-
1957	9.07	15.33	13.93	10.40	-
1958	14.55	15.36	20.75	12.91	23.13

The above gauges have been in operation for ten years and the average readings for the whole of the borough during that period are as follows, expressed in tons per square mile per month:-

1949	...	20.56	1954	...	23.15
1950	...	19.80	1955	...	17.11
1951	...	20.01	1956	...	15.43
1952	...	18.52	1957	...	12.18
1953	...	16.19	1958	...	16.31

## Lead Peroxide Instruments

A lead peroxide instrument was installed at Copper and Alloys Limited Greets Green in October, bringing the number in use to 10. The weight of sulphur trioxide ( $\text{S O}_3$ ) collected in milligrams per 100 square centimetres per day is given in the following table:-

Month	Highfields	G. Salter School	M.E.B.	Hill Top Park	Heath Lane	Ray Hall	Red House Park	Kenrick Park	Dartmouth Park	Copper & Alloys
January	2.18	2.08	3.86	2.33	3.22	3.95	2.21	4.42	3.74	-
February	1.94	2.06	3.12	1.74	2.49	1.51	1.43	3.22	2.74	-
March	2.05	2.66	2.45	1.67	2.52	1.78	-	3.31	2.59	-
April	1.67	1.99	2.05	1.12	2.06	1.25	1.21	2.71	2.02	-
May	0.49	1.04	1.93	1.70	1.42	0.82	0.69	2.06	2.44	-
June	0.80	1.23	1.64	0.69	1.21	0.89	0.80	1.61	1.25	-
July	0.65	0.80	1.46	1.17	1.00	0.58	0.55	1.18	0.94	-
August	-	0.73	1.68	1.07	0.88	0.52	0.37	1.12	0.84	-
September	0.82	0.69	1.75	0.98	1.15	1.23	0.64	1.60	1.19	-
October	1.39	1.61	2.87	1.23	2.23	1.06	1.21	2.27	2.41	1.76
November	2.55	2.53	2.29	2.31	3.07	2.27	2.05	3.22	3.23	3.04
December	2.28	2.53	3.68	2.35	3.35	2.22	2.08	1.52	3.21	2.91
Monthly averages										
1949	-	1.82	2.10	-	1.87	1.49	1.20	2.51	-	-
1950	-	1.86	2.12	-	2.09	1.52	1.22	2.39	-	-
1951	-	1.80	1.83	-	1.93	1.45	1.14	2.46	-	-
1952	-	1.64	1.87	-	1.84	1.34	1.11	2.23	-	-
1953	1.57	1.57	2.08	-	1.99	1.35	1.14	2.47	-	-
1954	1.73	1.62	2.31	1.20	1.94	1.28	1.17	2.75	1.97	-
1955	1.76	1.88	2.32	1.45	1.85	1.46	1.33	2.44	2.16	-
1956	1.40	2.08	2.60	1.60	2.03	1.52	1.20	2.85	2.43	-
1957	2.56	1.75	2.58	1.24	1.91	1.33	1.17	2.76	2.09	-
1958	1.53	1.66	2.39	1.53	2.05	1.51	1.20	2.35	2.22	2.57

The average for successive years for the whole of the borough expressed in milligrams per 100 square centimetres per day was:-

1949	...	1.84	1954	...	1.77
1950	...	1.86	1955	...	1.85
1951	...	1.73	1956	...	1.97
1952	...	1.63	1957	...	1.45
1953	...	1.72	1958	...	1.86



Daily Smoke Filter and Volumetric Sulphur Dioxide Apparatus

On 12th January a daily smoke filter and volumetric sulphur dioxide apparatus was installed in the Public Health Department, 2, Lodge Road. The apparatus has been in continuous operation throughout the year, and readings are taken daily except Sundays at about 10.30 a.m. At weekends the apparatus is left over from Saturday until Monday when the readings then taken are appropriately adjusted.

The object of the apparatus is to enable the concentration of smoke in the atmosphere to be estimated, and also the concentration of sulphur dioxide. This is done by drawing some 60-65 cubic feet of air per day through a standard filter paper and then through a solution of hydrogen peroxide. The smoke stains on the filter paper are compared daily with a standard scale of shades and the concentration of smoke expressed in milligrams per 100 cubic centimetres of air.

The amount of sulphur dioxide is found by simple titration of the sulphuric acid formed, the concentration then expressed in parts sulphur dioxide per 100 million parts of air.

The monthly recordings were as follows:-

Month	Smoke			Sulphur Dioxide		
	Average	Max.	Min.	Average	Max.	Min.
January	44.4	112.9	4.4	12.5	38.6	1.2
February	24.1	95.1	9.0	8.2	33.8	2.4
March	27.0	55.6	18.0	10.0	19.4	6.6
April	19.2	36.8	9.0	7.8	15.8	3.9
May	13.6	31.5	8.8	4.2	12.5	2.2
June	13.5	28.1	6.7	5.0	9.8	2.0
July	12.9	27.3	4.4	4.4	9.1	1.7
August	10.1	27.5	2.2	3.0	9.4	0.6
September	14.1	27.2	8.9	4.3	7.8	1.9
October	24.7	55.0	9.0	7.4	14.9	2.8
November	43.1	92.5	18.3	14.3	28.6	6.3
December	37.4	93.0	9.2	14.4	50.0	4.2

Average figures with the maximum and minimum for Summer and Winter are given below:-

Period	Smoke			Sulphur Dioxide		
	Average	Max.	Min.	Average	Max.	Min.
Winter January - 31st March	31.8	112.9	4.4	10.2	38.6	1.2
Summer 1st April - 30th Sept	13.9	36.8	2.2	4.8	15.8	0.6
Winter 1st Oct.- 31st Dec.	35.1	93.0	9.0	12.0	50.0	2.8

# WIND FREQUENCY - NUMBER OF DAYS (AT 10.30 A.M)

QUARTER	W I N D D I R E C T I O N								
	Var./Calm	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
Jan - March	-	5	6	11	5	-	25	9	18
April - June	-	3	8	5	7	3	34	13	18
July - Sept.	-	2	4	5	11	10	28	16	16
Oct. - Dec.	4	-	7	3	9	8	24	9	28

## Emission of Zinc Oxide

The measurement of Zinc Oxide emission from a factory dealing with non-ferrous metals was carried on until August when it was decided to withdraw the gauges as their purpose had been fulfilled. The results from January to August were as follows:-

Month	Deposit in pounds per acre	
	Gauge 1	Gauge 2
January	0.357	0.357
February	0.527	0.703
March	0.351	0.351
April	1.687	0.808
May	1.054	0.527
June	0.527	0.351
July	- -	0.246
August	0.527	- -

Gauge 1 - situated in house garden (nearest to works)

Gauge 2 - situated in house garden (middle distance)

The results of the analyses were sent regularly to the management of the firm concerned, and were received and followed with the closest interest.

## Chemical Works

Analysis of the deposits in a gauge placed in a garden adjoining a works manufacturing hydrofluoric acid was continued until the month of August when the gauge was withdrawn having fulfilled its purpose.

The average amount of fluorine deposited was 10.28 parts per million, the highest amount recorded being 28.43 parts per million. The pH value of the deposit varied from 4.02 to 6.30.

The results of the analysis were communicated to H.M. Alkali Works Inspector and the management of the firm concerned.

## Alkali etc Works Regulations Act 1906

### Clean Air Act 1956 - Section 17

Section 17 of the Clean Air Act 1956 lays down that the provisions of the earlier sections of the Act relating to smoke, grit and dust do not apply to premises controlled under the Alkali etc. Works Regulations Act 1906 and further, that the references to noxious and offensive gases in the Alkali Act shall be construed as to include smoke, grit and dust from such premises.

In view of the special technical difficulties allegedly associated with certain industrial processes in regard to smoke emissions, e.g. iron and steel works, copper works, aluminium works producer gas works, brickworks, coke works, electricity works etc. the Minister of Housing and Local Government, after a Public Inquiry at which your Council was represented as objectors, made an Order under Section 4 of the Public Health (Smoke Abatement) Act 1926 extending the list of noxious and offensive gases and the list of works controlled by the Alkali Act, to include the special processes mentioned above.

The effects of this Order 'The Alkali etc. Works Order, 1958' which came into operation on 1st June 1958 was to increase the number of works in the borough for which the Alkali Inspectorate are now responsible from six to eighteen as follows:-

Chemical Manufacturers	3
Aluminium works	3
Copper works	2
Gas and coke works	2
Producer gas plant	2
Tar distillers	1
Iron and Steel works	3
Bitumen, asphalt & paint manufacturers	1
Brickworks	1
	<hr/>
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The Town Council have made an application to the Minister of Housing and Local Government under Section 17 (2) of the Clean Air Act for an Order to be made exempting the Council from the provisions of sub-section (1) of Section 17 of the Act and the Alkali etc. Works Order 1958. This application has not yet been determined.



## FACTORIES ACT 1937

Factories, Factories (No mechanical power) and Workplaces  
1. Inspections for purposes of provisions as to health, made by the Public Health Inspector.

	<i>Number on Register</i>	<i>Number of inspections</i>	<i>Number of written notices.</i>	<i>Number of occupiers prosecuted</i>
1. Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by local authority	1	1	-	-
2. Factories not included in (1) to which Section 7 applies	462	166	39	-
3. Other premises under the Act (excluding outworkers premises)	-	-	-	-
Total	463	167	39	-

2. Cases in which defects were found.

<i>Contravention</i>	<i>Found</i>	<i>Remedied</i>	<i>Referred to H.M. Inspector</i>	<i>Referred by H.M. Inspector</i>
Want of cleanliness	1	-	1	-
Sanitary conveniences:-				
(a) Insufficient	2	-	-	1
(b) Unsuitable or defective	36	19	-	5
(c) Not separate for sexes	3	1	-	1
Other offences	3	-	3	-
Total	45	20	4	7

# FOOD HYGIENE AND CONTROL

N.H. OWEN.  
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## *Specialist Inspectors*

There is an increasing public awareness of the importance of this aspect of environmental hygiene. In general, the 'man in the street' and the housewife exercise a form of control in the retail shops by the withdrawal of custom and by registering complaints when seeing evidence of bad practice and poor conditions. One not altogether surprising feature emerges however. Those public spirited persons who make complaints to the department are but rarely willing to support any statutory action by the local authority by appearing voluntarily as prosecution witnesses.

## **Food Hygiene**

As in previous years, the bulk of the work of the section consisted of meat inspection in the slaughterhouses. The remaining available time was devoted to the inspection of other food-stuffs in wholesale warehouses and retail shops, to the supervision of the larger manufacturing premises, the factory bakehouses, meat, sausage and bacon manufacturers, the industrial kitchens and canteens, and the Corporation's own kitchens.

In this latter sphere it was felt that the local authority could well teach by example. Schedules of works of improvement have been submitted to the various Committees and in the main have been approved. Detergent/hypochlorite sterilising routines have been introduced as standard washing-up procedure in the Welfare department's Old Persons' Homes, and routine bacteriological examination of washing-up waters has been instituted. This type of examination has been extended to industrial canteens with interesting results. In the field of education and industrial relations it is felt that much progress has been achieved. In most cases an excellent relationship has been established with all sections of the food industry. The inspectors, by offering advice and criticism based upon practical experience, judiciously interspersed with reminders of the requirements of the various Regulations and Byelaws, have proved the value, both to manufacturers and public, of hygienic premises, equipment and practices.

An appreciable activity in the 'outpeeling' of onions in domestic kitchens in the Hamstead area was discovered during the year. These \*outworkers have been visited and improvements have been made. It is anticipated that this industry will cease in 1959 when the employing Company is due to move to another factory large enough to enable this unsatisfactory practice to be discontinued.

'Outworkers' are those who take piece work into their homes instead of going to the factory.

Amongst the matters of interest arising in the local food industry, overseas producers have given cause for some concern. Tracing wholesalers, factors, importers and shippers through the agency of the local authorities in which they were situated often proved frustrating and did not afford us the satisfaction of seeing remedies put into effect. Three examples in the past year were:-

1. A case of French walnuts found to contain a nest of live mice.
2. A consignment of Canadian flour found to be infested with *Ephestia kuehniella*, despite fumigation, and
3. Two consignments of 7,000 lbs. of South African tinned cured shoulder ham found to be unfit for human consumption.

## Meat Inspection

Both ante-and post-mortem inspections continued in nine of the licensed slaughterhouses in the borough. One slaughterhouse, although licensed, did not operate.

Three of the slaughterhouses are also bacon factories. When one considers that a bacon factory operating on the line system averages a throughput of one pig every 45 seconds, it will be appreciated that manual speed and dexterity is as much a qualification for the inspectors as the appropriate professional diploma.

It will be noted that the number of slaughterhouse visits was increased by 350 over the previous year. The need for this increase is reflected in the weights of meat and offals rejected for septicaemia, and of livers affected with cirrhosis. Post-mortem examination is best undertaken at the time of slaughter, any delay between slaughter and inspection permits of colour changes in the cut flesh and serous membranes giving rise to difficulties in diagnosis.

Slaughtering carried out outside normal working hours and on Sundays created difficulties, and much additional time was worked to maintain 100% inspection. Current legislation does not permit the local authority to control or specify hours of slaughter.

Some time has been spent in training the pupils in the practical aspects of meat inspection although it must be admitted that the varied throughput of a public abattoir provides the more instructive background.

An increase in the number of bovines found to be affected with *cysticercus bovis* will be noted. These animals are now traced back to source through the divisional veterinary officer of the Ministry of Agriculture, Fisheries and Food, and through the Chief Public Health Inspector of the Area of origin.

In general the quality of the food animals slaughtered has been maintained at a high level, but the advent of the slaughter of beef for manufacturing purposes gives rise to the need for increased vigilance on our part.



# PREMISES REGISTERED UNDER THE FOOD AND DRUGS ACT 1955 SECTION 16

The Table below gives a summary of the food premises with which the department is concerned:-

Sausage manufacturers	...	9
Cooked meats, pie, etc., manufacturers	...	12
Ice Cream manufacturers	...	5
Pickle manufacturer	...	1
Fish Friers	...	94
Ice cream retailers	...	285
Slaughterhouses (including bacon factories)	...	10
Butchers' shops	...	77
Grocers' shops	...	115
Greengrocers' shops	...	65
Confectioners(including sugar confectioners)	...	80
Fishmongers	...	14
Cafes, restaurants, etc.	...	64
Licensed houses	...	177
Outdoor beer licences	...	30
Sugar confectionery manufacturers	...	2
Bakehouses	...	17
Ice lolly manufacturers	...	2
Aerated water manufacturers	...	6
Brewers and bottlers of beer	...	2
Wholesale grocers and provision warehouses	...	6
General dealers	...	184
Synthetic cream manufacturer	...	1

## CARCASES INSPECTED & SURRENDERED

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
Number killed	2634	71	47	10030	62489
Number inspected	2634	71	47	10030	62489
<b>ALL DISEASES EXCEPT TUBERCULOSIS</b>					
Whole carcasses surrendered	-	2	-	1	39
Carcasses of which some part or organ was surrendered	286	29	-	170	14266
Percentage of the number inspected affected with disease other than tuberculosis	10.85	43.66	-	1.70	22.89
<b>TUBERCULOSIS ONLY:-</b>					
Whole carcasses surrendered	-	-	-	-	14
Carcasses of which some part or organ was surrendered	60	11	-	-	1694
Percentage of the number inspected affected with tuberculosis	2.27	15.5	-	-	2.73
<b>CYSTICERCUS BOVIS:-</b>					
Whole carcasses surrendered	-	-	-	-	-
Carcasses subject to refrigeration	12	-	-	-	-
Percentage affected	0.46	-	-	-	-

## Percentage of Food Animals Affected with Tuberculosis

	1955	1956	1957	1958
Cattle (excluding cows)	3.90	2.62	2.18	2.27
Cows	20.95	30.76	13.73	15.5
Calves	-	-	-	-
Pigs	3.34	2.48	2.41	2.73

Regarding diseases other than tuberculosis, about one third were found to be of parasitic origin and localised in character. The following Table shows the analysis of diseases and conditions found upon post-mortem examination in slaughterhouses.

*Weight in lbs.*

Abscesses	3,120
Actinomycosis	285
Arthritis	543
Bruising and injuries	1,080
Cirrhosis	5,432
Congestion	1,029
Cysticercus bovis	56
Echinococcus Cysts	64
Fascioliasis	1,893
Fatty change	915
Gangrene	180
Hepatitis	24
Hydronephrosis	133
Inflammation of serous and mucous membranes	9,068
Jaundice	213
Moribund	887
Necrosis	25
Oedema Emaciation	1,809
Parasitic	144
Pneumonia	3,449
Septicaemia	3,172
Telangiectasis	80
Tuberculosis	21,058
Other diseases	476
	<hr/>
	55,135
	<hr/>

Total weight surrendered:.

		Tons	Cwts.	Qrs.	Lbs.
1958 total	—	24	12	1	3
1957 total	—	22	18	2	0

## Analysis of Foods examined in Premises other than Slaughterhouses and found to be unfit for Human Consumption.

Tons Cwts Qrs Lbs

### Tinned Goods

Meat	2	5	2	4
Fish			3	16
Vegetables		2	0	20
Fruit		4	2	2
Miscellaneous		2	3	2

### Meat

2 0 8

### Other Foods

Cheese	8	0	2
Miscellaneous	1	1	16

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Total weight surrendered in 1958	3	7	1	14
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Total weight surrendered in 1957	1	8	1	10
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## Slaughter of Animals Acts 1933 to 1954

There are 39 slaughtermen licensed by the Council under the provisions of the above Acts. These men are actively engaged in slaughtering in slaughterhouses within the Borough.

The number of licensed slaughtermen varies little from year to year but the personnel changes considerably. It is the practice of the specialist inspectors to observe the technical ability of both new applicants and young trainee slaughtermen in order to assess their suitability as 'fit and proper persons' to be licensed.

## Method of Disposal of Condemned Food

All meat condemned by the Food Inspectors is stained in accordance with the Ministry's recommendation, at the source, and disposed of by the individual butchers concerned to approved collectors.

Other foods, such as tinned goods, etc., are destroyed at our Black Lake Refuse and Salvage Depot.

## COMPOSITIONAL AND BACTERIOLOGICAL CONTROL OF FOOD

### Milk (Special Designations) (Raw Milk)

#### Regulations 1949 - 1954.

The number of dealers registered under the above Regulations during the year was 12.

### Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations 1949 - 1953.

A total of 151 dealers of whom 139 are small shopkeepers are licensed under these Regulations. Of the remainder, 12 are dairy Companies from neighbouring towns, holding supplementary licenses in this area.



## Chemical Analysis of Milk

25 samples were taken for chemical analysis during the year, and all were satisfactory. The Sale of Milk Regulations 1939, lays down a presumptive standard for milk, i.e. Minimum Fat Content 3%; Solids not Fat 8.5%.

The average fat content of the samples taken during 1958 was 3.62%, and the average solids not fat content 8.66%.

## Bacteriological Examination of Milk

The examination of milk samples continues to be carried out by the Public Health Laboratory Service, Birmingham. During the year a total of 59 samples were submitted for the Methylene Blue test, all of which were satisfactory.

## Ice Cream

There are 25 premises registered for the manufacture of ice cream for the purpose of sale, but of this number only 5 actually manufacture ice cream since the advent of Ice Cream (Heat Treatment) Regulations 1947 - 1951.

During the year 18 applications were received for the registration of premises under the Food and Drugs Act 1955, Section 16, for the sale of ice cream, bringing the number of premises now registered to 285.

## Bacteriological Examination of Ice Cream

Thirty-one samples were taken for bacteriological examination and submitted to the Public Health Laboratory, Birmingham, the results being as follows:-

Grade 1	Grade 11	Grade 111
30	1	Nil

## Chemical Analysis of Ice Cream

Twenty-eight informal samples of ice cream were taken during the year and submitted to the Public Analyst for analysis. All were found to be well above the standard laid down in the Food Standards (Ice Cream) Order.

## Biological Examination of Milk

Two samples of milk were submitted to the Public Health Laboratory for biological examination and the results showed no evidence of tuberculosis.

## Legal Proceedings taken under the Food and Drugs Act 1955.

Nature of Complaint	Section	Result
Selling a box of cheese spread unfit for human consumption.	8	Wholesalers fined £15 No costs.
Selling a sausage roll unfit for human consumption.	8	Manufacturers fined £5 No costs.

## FOOD AND DRUGS ACT, 1955

### Adulteration of Food and Drugs

During the year 247 samples of foods and drugs comprising 25 formal and 222 informal samples were taken and submitted to the Public Analyst.

The results of the analyses of these samples are given in the following table:-

	Samples Analysed		Satisfactory		Unsatisfactory	
	<i>Milk</i>	<i>Other Foods</i>	<i>Milk</i>	<i>Other Foods</i>	<i>Milk</i>	<i>Other Foods</i>
1st Quarter	9	48	9	47	-	1
2nd Quarter	6	44	6	41	-	3
3rd Quarter	2	42	2	40	-	2
4th Quarter	8	88	8	80	-	8
Total	25	222	25	208	-	14

The percentage of unsatisfactory samples was 5.7 compared with 3.8% in 1957. The following table summarises the adulterated or unsatisfactory samples of food and drugs enumerated above:-

<i>Article</i>	<i>Nature or Extent of Adulteration</i>	<i>Remarks</i>
Cough Syrup Sample No. 2451 <i>Informal</i>	Deficient of 69% of chloroform	No further bottles in stock. Manufacturers warned
Bitter Lemon Sample No. 2508 <i>Informal</i>	Contained less than 4% lemon juice	Manufacturers warned. Lemon juice content increased.
Bronchitis and asthma Mixture Sample No. 2550 <i>Informal</i>	Glycerine claimed 3%, only 0.12% present	Manufacturers warned. Stock re-labelled
Pork Sausage Sample No. 2523 <i>Informal</i>	Contained 55.9% meat as against recommended 65%	Manufacturer warned. Subsequent sample genuine.
Flour Sample No. 2561 <i>Informal</i>	Contained 160mg/100g of creta preparata instead of 235mg - 390mg/100g.	Manufacturers warned. Subsequent sample genuine.
Pork Sausage Sample No. 2586 <i>Informal</i>	Deficient of 10% total meat	Manufacturer warned. Subsequent sample genuine

<i>Article</i>	<i>Nature or Extent of Adulteration</i>	<i>Remarks</i>
Currants Sample No. 2660 <i>Informal</i>	Contained rodent hairs	Imported commodities Further samples will be taken
Currants Sample No. 2682 <i>Informal</i>	Heavily infested with insect parts	-do-
Currants Sample No. 2687 <i>Informal</i>	Slightly infested with insect parts and rodent hairs	-do-
Currants Sample No. 2689 <i>Informal</i>	Slightly infested with insect parts and rodent hairs	-do-
Rusks Sample No. 2624 <i>Informal</i>	Deficient of 38% iron	Manufacturer warned
Sago Sample No. 2661 <i>Informal</i>	Heavily infested with rodent hairs and insect parts	Imported commodities. Further samples will be taken
Sultanas Sample No. 2684 <i>Informal</i>	Slightly infested with rodent hairs and insect parts	-do-
Back & Kidney Pills Sample No. 2632 <i>Informal</i>	Unsatisfactory Label	Manufacturer warned. Labels altered to comply.



# PUBLIC CLEANSING AND SALVAGE

D. BRISCOE,

*Assistant Cleansing Superintendent*

## The Collection of Refuse

A regular weekly collection of refuse was maintained throughout the year from all business and domestic premises. The high flats, having bulk collections by a special vehicle, were cleared two or three times every week. Certain hospital and business premises were cleared daily by the same system. There is inevitably a slight irregularity after every Bank Holiday, particularly at Christmas when the output of domestic refuse reaches its peak.

Local authority and private house building and slum clearance has necessitated re-organisation of certain districts and this will continue for some years. It is probable that as a result of these adjustments the refuse from new houses and flats to be built during 1959 will be collected and disposed of without increasing the number of vehicles or the number of workmen.

Supervision of refuse collection, disposal and public conveniences, has been allocated to a Cleansing Inspector and a Cleansing Foreman, each being responsible for the northern or southern half of the town, respectively.

## Vehicles

- 8 Shelvoke and Drewry Fore and Aft Tipping Freighters  
(including 2 bulk loaders)  
Capacity 16/18 cubic yards each.
- 3 Side Loading Vehicles. Capacity 10 cubic yards each.  
(Converted from 'Lewin' Compressing Vehicles)
- 4 'Eagle' Side Loading Vehicles. Capacity 7 cubic  
yards each.
- 1 'Eagle' Cesspit Emptyer
- 1 Commer Van - 30 cwt. for salvage collection
- 1 Austin Van - 25 cwt. for salvage collection
- 2 Ford Vans - 5 and 10 cwt. for district supervision
- 11 4½ cubic yard salvage trailers

Total mileage for year      ...      136,388

## Collection Teams

One driver and four loaders in eleven teams  
One driver and one loader bulk refuse team  
One driver and two loaders trade refuse team  
One driver and one loader (youth) salvage van

## **The Disposal of Refuse**

### **(a) Controlled Tipping**

Whilst controlled tipping does not offer the best facilities for extraction of saleable material, it has more to commend it than any other method. Probably the only bar to its universal adoption is the fact that not every town is fortunate in having suitable areas waiting for reclamation. Controlled tipping satisfies the requirements of low cost, hygienic disposal and preservation of amenities, in fact, it improves amenities by making possible new playing fields, gardens or farm land, and it satisfies to the full the need to preserve that content of refuse on which future supplies of humus may depend.

All refuse collected by this department was tipped at the Marsh Lane site. It is an ideal central location and being so placed has helped to keep down vehicle running time and costs. The aim is to prolong the life of this site, and two small local projects may be started in 1959 to further this policy.

The first stage of the scheme at Marsh Lane is now nearing completion. About 13-15 acres have been reclaimed, and will be handed over to the Education Committee to provide a site for a New Grammar School and appropriate playing fields.

### **Disposal Site - Plant**

1 - H.T.4 'Caterpillar' shovel - placed in service July 1955

### **Tip Labour**

1 - Shovel driver

1 - labourer recovering salvage

**Refuse handled daily** - 134 tons approximately.

### **(b) Salvage**

#### **Paper**

For most of the year the Paper and Board Mills have been accepting as much mixed waste and cardboard as could be collected, only newsprint being subject to restriction on quantity. The price during the year has been above the guaranteed minimum on all grades, but there are indications that there may be a reduction in the value of some grades during 1959. There was an increase in weight collected during the year, and the increased income is approaching closely the total cost of disposal.

Weight collected during the year (all grades) ... 1,011 tons

Population ... 93,380

Weight per 1,000 population per month ... 18 cwts.



Comparison of unit cost returns between one town and another, without knowing the local conditions which determine those returns may be misleading. As a yardstick to measure output and efficiency of collecting organisation the following Table from Thompson's Modern Cleansing Practice may be taken as a guide:-

Quantity Collected per 1,000 population per month	Efficiency of Service
Over 20 cwt	Excellent
15 to 19 cwt	Very good
10 to 14 cwt	Good
5 to 9 cwt	Fair
Under 5 cwt	Poor

Three salvage trailers were successfully modified during the year with light iron frameworks. This was done to increase capacity and eliminate relief journeys. Trailers from districts within easy reach of the depot are being emptied at mid-day so that the optimum recovery can be achieved.

### **Baled Scrap**

Large quantities of metal containers of all kinds are being recovered from the tip, and when baled can be readily sold. Worn-out dustbins contribute substantially to the total weight as do the larger containers from the wholesale food manufacturers. Although the price dropped during the year by £2 per ton, income is covering labour costs and tipping space is being saved.

### **Non-Ferrous Metals**

The main source of income is rolled aluminium in the form of saucepans, kettles, teapots and similar utensils, mostly recovered from the tip. Quantities of other non-ferrous metals are very small, and I have no doubt that the numbers of 'tatters' and metal merchants in this area is reducing our collections.

### **Textiles**

Rags put out for collection by the housewives are arriving at the depot in the salvage trailers reasonably clean and dry. These were easily marketed. Sacking and carpets are still being salvaged though difficulty was experienced in trying to find a buyer, stocks however are being cleared.

### **Salvage Equipment**

Powell continuous paper baling press -  
placed in service November 1955

Petrie and McNaugh Tin baling press -  
placed in service January 1956

Lister Power Loader - placed in service February 1956

Salvage Sorting  
Conveyor - placed in service May 1956.

Dust extracting plant to baling press and salvage sorting  
conveyor - placed in service February 1956

Vertical Electric drive Press - placed in service  
January 1949.



## Salvage Bonus

Workmen only participate and it has been agreed amongst them that salvage collectors, depot and tip men receive double shares since they do not participate in the bin bonus scheme. Amount shared during the year £2,531.

## ABSENCE FROM WORK

Since an adequate labour force is essential to maintain a regular collection service, casual absence is strongly discouraged, and persistent offenders have been warned as to their future conduct. Genuine sickness is always treated sympathetically, but is only recorded as such when medical certificates are produced.

The following table extracted from records kept in the department shows the incidence of absenteeism and sickness for the last three months in the year:-

	OCTOBER	NOVEMBER	DECEMBER
Days lost			
(a) Sickness	139	166	87
(b) Absence	22	22	17
Strength of Section	74	75	75
Number of working days in month	23	20	21
Possible number of man/days for month	1,702	1,500	1,575
Percentage loss			
(a) Sickness	8.16%	11.06%	5.52%
(b) Absence	1.29%	1.46%	1.08%
Percentage Total Loss	9.45%	12.52%	6.6%

These are all better than in the corresponding period last year.

## Provision of Dustbins

The replacement of worn and unserviceable bins continues as a rate charge and the following Table shows the number of bins issued per year since the inception of the scheme:-

1951	...	1,514	1955	...	3,071
1952	...	1,856	1956	...	2,856
1953	...	3,325	1957	...	2,664
1954	...	2,532	1958	...	2,598

The total of the above issues amounts to 20,416.

The 2½ cubic feet taper sided bin predominates but there are some of 3¼ cubic feet capacity.

## Recruitment of Workmen

It is necessary for young men to be recruited into the service and whenever vacancies arose during the year every effort was made to employ men in the lower age groups.

The service is not very attractive since the work is laborious and often dirty and must be carried out in all weathers. Promotion prospects are limited in the main to the position of driver/loader. Consequently, it is our policy to train drivers from amongst the loaders as often as possible. The following Table shows the number of men and their age groups:-

Age Group	18 - 21	...	6	
	22 - 30	...	14	
	31 - 40	...	18	
	41 - 50	...	22	
	51 - 60	...	13	
	over 60	...	2	
			<hr/>	
	Total		75	of whom 17 are drivers
			<hr/>	

## Incentive Bonuses

### Bins Emptied

The bonus system based on the number of bins emptied each day by each refuse collector has now been extended to all district teams. The basis is a stint of 85 bins per loader per day. All bins emptied above this number are paid for at 2½d each in the Winter and 2d each in the Summer. The bulk containers are rated 8 bins each and the team in this case consists of one driver and one loader.

### Salvage

This bonus is based on a percentage of all paper sales over 40 tons, and a percentage of all sales of other materials without a target.

## Public Conveniences

Each shopping centre, public park and recreation centre should be supplied with a convenience of appropriate size. The alternative to making suitable and sufficient provision is to suffer nuisance to the detriment of amenity and public decency.

Plans have been prepared for a new convenience building in Birmingham Road which will be built on the road frontage above ground and will be similar to the building completed at Carters Green in 1957. It is hoped that it will come into use during 1959.

Both the mens and womens conveniences are still subject to much misuse and wilful damage but every effort is made to maintain them in a reasonable condition.

Maintenance costs during the year were mainly for internal decorations of worn-out underground conveniences at Dartmouth Square which are invariably damp and clammy, and difficult to keep clean.

Urinals at Swan Village and Black Lake were demolished during the year and one in Sandwell Road will be demolished early in 1959. These are all worn-out obsolete and unsatisfactory in every way.

All conveniences are now subject to daily inspection by the cleansing inspectors who also empty the coin boxes. Any damage is noted and repairs are put in hand immediately. This system has produced a marked improvement in all respects and though malicious damage continues it does seem that prompt repair and replacement leaves less room for other hooligans to extend the first piece of damage.

## HOUSE REFUSE COLLECTION AND DISPOSAL

### Operational Statistics from Costing Return 1958/9

Area	...	...	...	...	7,172	acres
Population...	...	...	...	...	93,380	
Total number of premises from which refuse was collected	...	...	...	...	28,829	
Weight per 1,000 population per day	...	...	...	...	17.3	cwts.
Total number of loads of refuse collected	...	...	...	...	12,126	
Total tonnage of refuse collected (estimated)	...	...	...	...	29,480	
Total tonnage collected from 46 cesspools (not included above)	...	...	...	...	1,945	
Premises from which collections are made at least once weekly	...	...	...	...	95%	
Average haul, single journey to final disposal point	...	...	...	...	2.5	miles
Total refuse disposed of (estimated)	...	...	...	...	35,048	tons
Methods of disposal: Controlled tipping	...	...	...	...	99%	
Incineration	...	...	...	...	1%	

### Cost Statement 1958/59

Gross cost of Collection	...	...	£60,252
Gross cost of Disposal	...	...	£13,285
Gross cost per ton of collection (labour and transport only)	...	...	£ 1. 17s. 9d.
Gross cost per ton of disposal (labour and transport only)	...	...	6s. 4d.
Nett cost per ton of collection (all expenditure)	...	...	£ 2. 0s. 7d.
Nett cost per ton of disposal (all expenditure)	...	...	1s. 3d.
Nett cost of collection and disposal per 1,000 population	...	...	£ 660
Nett cost of collection and disposal per 1,000 premises	...	...	£ 2,138



## Output of Refuse per Annum (excluding Cesspool Contents)

Output	1954	1955	1956	1957	1958
Per 1,000 of population per annum	352.85 tons	330.26 tons	336.707 tons	310.43 tons	315.7 tons
Per 1,000 of population per day	19.33 cwts	18.09 cwts	18.45 cwts	17.01 cwts	17.3 cwts
Per house	24 cwts	22.02 cwts	21.83 cwts	20.23 cwts	20.07 cwts

## Recovery of Waste and Dormant Materials

The total tonnage of waste materials salvaged during the year and the income received is as follows:-

	Tons	Cwts	Qrs	Lbs	£	s	d
Waste paper (various grades).	1,011	0	0	0	8,646	4	9
Baled Ferrous Scrap	168	7	3	0	1,350	11	4
Black Scrap	28	4	3	7	105	12	1
Non-Ferrous Metals	2	0	0	16	135	8	11
Textiles	13	9	3	27	142	0	1
Cardboard boxes					4	18	1
Bottles					68	18	1
Cullett	1	3	1	0	2	6	6
	1,224	5	3	22	£10,455	19	10

The total salvage collected and income received from 1948 to 1959 was as under:-

	Tons	Cwts	Qrs	Lbs	£	s	d
1948	1383	16	1	0	4894	0	2
1949	1139	11	2	0	4622	15	6
1950	880	9	1	0	3168	4	6
1951	1029	1	2	22	8030	9	3
1952	1084	1	1	14	6784	16	6
1953	773	19	2	17	3947	19	10
1954	389	0	0	0	2530	17	9
1955	444	6	2	0	3657	4	7
1956	838	7	0	26	7154	8	0
1957	988	16	3	7	8414	5	2
1958	1224	5	3	22	10455	19	10
	9375	16	0	24	£63,661	1s	1d

**STAFF OF THE  
HYGIENE AND CLEANSING DEPARTMENT  
as at 31st. December, 1958.**

CHIEF PUBLIC HEALTH INSPECTOR AND CLEANSING SUPERINTENDENT	S. CAYTON ... (a) (b) (c) (e) (f) (g)
DEPUTY CHIEF PUBLIC HEALTH INSPECTOR	... G.H. SHAW (a) (b)
PUBLIC HEALTH INSPECTORS FOR HOUSING	... F.A. OAKES (a) (b)  ... K.C. DAVIS (a) (b) (from 1.10.58)
PUBLIC HEALTH INSPECTORS FOR AIR HYGIENE AND FACTORIES	... J.G. KELLY (a) (b) (c) (d) (h) (from 14.2.58) <i>(Transferred from Food Hygiene Section).</i>  ... S. DAVIES (a) (b) (d) <i>(Promoted from District Inspector).</i>
PUBLIC HEALTH INSPECTORS FOR FOOD HYGIENE AND CONTROL	... N.H. OWEN (a) (b)  ... G.A. LAVENDER (a) (b) (d) (h) (from 24.3.58)
ASSISTANT CLEANSING SUPERINTENDENT	... J.T. ROGERS (to 31.7.58)  ... D. BRISCOE (g) (from 1.9.58)
DISTRICT PUBLIC HEALTH INSPECTORS	... C.N. JOHNSON (a) Two vacancies.

**QUALIFICATIONS:**

- (a) Certificate of the Royal Society of Health and Public Health Inspectors' Examination Joint Board.
- (b) Certificate of the Royal Society of Health for Meat and Food Inspectors.
- (c) Certificate of the Royal Society of Health for Sanitary Science.
- (d) Certificate of the Royal Society of Health for Smoke Inspectors.
- (e) Member of the Institute of Fuel.
- (f) Royal Society of Health Certificate for Advanced Knowledge of Public Health Inspectors' Duties.
- (g) Testamur of the Institute of Public Cleansing.
- (h) Member of the Institute of Meat.

PUPIL PUBLIC HEALTH INSPECTORS

... *C.D. WHITEHOUSE*  
commenced 4.11.54

... *P.D. WHITEHEAD*  
commenced 5.9.55

... *D.A. SPURRIER*  
commenced 8.9.55

**Administrative:**

*C.S. STOKES*

... Senior Clerk

*Mrs. E.M. HALES*

... Chief Public Health  
Inspector's Secretary

*K.J. BELLMORE AND H. BARTON*

... Cleansing Inspectors

Junior Clerks ... one male

... Refuse Disposal Works

two female

... Hygiene and Cleansing  
Department